

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In Full) American Hospital Association PAC		RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM 2000 JAN 28 P 4 54
ADDRESS (number and street) ☐ Check if different than previously reported 325 7th Street, NW		
CITY, STATE and ZIP CODE Washington, DC 20004		
		2. FEC IDENTIFICATION NUMBER C00106146
		3. ☒ 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>12/01/99</u> through <u>12/31/99</u>			
6. (a)	Cash on Hand January 1, 19 <u>99</u>		\$ 229,099.56
(b)	Cash on Hand at Beginning of Reporting Period	\$ 531,086.49	
(c)	Total Receipts (from Line 10)	\$ 130,482.37	\$ 994,184.19
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 661,578.86	\$ 1,223,283.75
7.	Total Disbursements (from Line 30)	\$ 75,782.66	\$ 637,487.55
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 585,796.20	\$ 585,796.20
9.	Debit and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10.	Debit 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

1/24/00

NOTE: Submission of false, erroneous, 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 12/01/99	TO: 12/31/99
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	54,859.54	340,086.66	11(a)(i)
ii. Unitemized	30,807.18	331,315.28	11(a)(ii)
iii. Total (add i and ii) >	85,766.72	671,401.92	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	3,530.00	11(c)
d. Total Contributions (add a iii, b and c) >	85,766.72	674,931.92	11(d)
12. Transfers From Affiliated/Other Party Committees	37,010.00	307,711.72	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	7,705.65	11,540.55	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	130,482.37	994,184.19	19
20. Total Federal Receipts (subtract line 18 from line 19) >	130,482.37	994,184.19	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	152.66	45,162.93	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	152.66	45,162.93	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	75,830.00	592,249.82	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	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	75,782.66	637,487.55	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	75,782.66	637,487.55	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	85,766.72	674,931.92	32
33. Total Contributions Refunds (from line 28d)	0.00	75.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	85,766.72	674,856.92	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	152.66	45,162.93	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	152.66	45,162.93	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 32
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 Cynthia M. McMullen 17 Indian Hill Road Paxton, MA 01612-1419 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer UMass Memorial Occupation Trustee Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/02/99	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code C. Thomas Naill 103 Continental Place Brentwood, TN 37027-5014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Quorum Health Group, Inc. Occupation Sr. Vice President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/02/99	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Charles L. Harrison 246 Cedar Ridge Dr. Rt. 3 Jackson, MS 39213-9445 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer MHA Occupation Asst. Exec. Director Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 300.00
D. Full Name, Mailing Address and ZIP Code James E. Dalton Jr. 103 Continental Place Brantwood, TN 37027-5014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Quorum Health Group, Inc. Occupation President & CEO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Brock A. Slabach P.O. Box 639 Centreville, MS 39631-0639 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Field Memorial Community Hospital Occupation Administrator Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Mary Dorothea Sondgaroth 969 Lakeland Drive Jackson, MS 39216-4802 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer St. Dominic Health Services Occupation President Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 300.00
G. Full Name, Mailing Address and ZIP Code Frank A. Quiriconi 110 Clairmont Drive Jackson, MS 39209-5520 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer St. Dominic-Jackson Memorial Hospital Occupation Corporate Vice President Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 600.00
SUBTOTAL of Receipts This Page (optional)			2,700.00
TOTAL This Period (last page this line number only)			

SCHEDULE A
ITEMIZED RECEIPTS

 Use separate schedule(s)
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 NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code John M. Ferry PO Box 1359 Rock Springs, WY 82901-5868 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Memorial Hospital of Sweetwater County Occupation Executive Director Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Jon M. Gates 214 East 23rd Street Cheyenne, WY 82001-3790 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer United Medical Center Occupation COO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Tommy Moore 2772 Owens Road Terry, MS 39170-8733 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Quorum Health Resources, LLC Occupation Asst. Vice President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Lowery A. Woodall Post Office Box 16388 Hattiesburg, MS 39404-6388 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Forrest General Hospital Occupation Executive Director Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Terry Allison Rappuhn 103 Continental Place Brentwood, TN 37027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Quorum Health Group, Inc. Occupation SVP & CFO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Charles D. Crow 501 S. Burma Avenue Gillette, WY 82717 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Campbell County Memorial Hospital Occupation CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code John D. Short 15851 Dallas N. Pkwy. #245 Addison, TX 75001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Quorum Health Resources, LLC Occupation Group Vice President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)
2,000.00
TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code Rosanne U. Griswold 540 Litchfield Street PO Box 988 Torrington, CT 06790-0988 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Charlotte Hungerford Hospital Occupation President & Executive Director Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Sam W. Cameron Post Office Box 16444 Jackson, MS 39236-6444 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Mississippi Hospital Association Occupation President/CEO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Marshall H. Tucker Post Office Box 16389 Hattiesburg, MS 39404-8389 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Forrest General Hospital Occupation Vice President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Marshall H. Tucker Post Office Box 16389 Hattiesburg, MS 39404-8389 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Forrest General Hospital Occupation Vice President Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 50.00
E. Full Name, Mailing Address and ZIP Code Fred F. Schroeder 111 S. Fifth Street Douglas, WY 82633-2434 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Memorial Hospital of Converse County Occupation Administrator Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code John J. Finan Jr. 4200 Essen Lane Baton Rouge, LA 70809-2158 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Franciscan Missionaries Our Lady Health System Occupation President & CEO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Michael E. Schrader 1233 East Second Street Casper, WY 82601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Wyoming Medical Center Occupation President and CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)			2,050.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code David R. Newton CPA 100 Grand Street New Britain, CT 06050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer New Britain General Hospital Occupation President & CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Brent Alexander PO Box 16444 Jackson, MS 39236-6444 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Mississippi Hospital Association Occupation VP Government Relations Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Claude W. Harbarger 103 Trailwood Cove Brandon, MS 39047-8360 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer St. Dominic-Jackson Memorial Hospital Occupation Administrator Aggregate Year-to-Date > \$ 550.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Claude W. Harbarger 103 Trailwood Cove Brandon, MS 39047-8360 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer St. Dominic-Jackson Memorial Hospital Occupation Administrator Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 50.00
E. Full Name, Mailing Address and ZIP Code Carl D. Menist 235 Wood Dale Jackson, MS 39216-3506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Mississippi Hospital Association Occupation Chief Financial Officer Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 300.00
F. Full Name, Mailing Address and ZIP Code Mary M. Patterson 612 Camden Park Drive Ridgeland, MS 39157-3818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Mississippi Hospital Association Occupation Vice-President for Policy Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 300.00
G. Full Name, Mailing Address and ZIP Code George Q. Evans Post Office Box 651 Jackson, MS 39205-0651 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Wise Carter Child and Caraway Occupation President Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)

1,950.00

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 Malvin Walker 7601 Southcrest Parkway Southaven, MS 38671-4739	Name of Employer Baptist Memorial-Desoto Occupation Administrator	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 800.00		
B. Full Name, Mailing Address and ZIP Code F. William Ergle Rt. 1, Box 53 Charleston, MS 38921	Name of Employer Tallahatchie General Hospital Occupation Executive Director	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code Thomas Bland Post Office Box 1203 Kosciusko, MS 39090-1203	Name of Employer Montfort Jones Community Hospital Occupation Administrator	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code James D. Baker 15929 Albany Drive Biloxi, MS 39532-2702	Name of Employer Kings Daughters Hospital Occupation Trustee	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 600.00		
E. Full Name, Mailing Address and ZIP Code William L. Anderson 105 Continental Place Brentwood, TN 37027	Name of Employer Quorum Health Resources, LLC Occupation President Midwest Region	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Paul Raymond Barrette 270 Bridge Street Dedham, MA 02026	Name of Employer Quorum Health Resources Occupation Group Vice President	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Michael R. Edwards Post Office Box 107 Morton, MS 39117-0107	Name of Employer Scott Regional Hospital Occupation Administrator	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 250.00		
SUBTOTAL of Receipts This Page (optional)			2,350.00
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 Michael R. Edwards Post Office Box 107 Morton, MS 39117-0107	Name of Employer Scott Regional Hospital	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code Edward L. Foster 6425 Lakeover Road Jackson, MS 39213-8008	Name of Employer MHA	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 750.00	
C. Full Name, Mailing Address and ZIP Code Margaret C. Mazzone 103 Continental Place Bretwood, TN 37027	Name of Employer Quorum Health Group	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code Kurt W. Metzner 1225 North State Street Jackson, MS 39202-2097	Name of Employer Mississippi Baptist Health System, Inc.	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President & CEO	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Kurt W. Metzner 1225 North State Street Jackson, MS 39202-2097	Name of Employer Mississippi Baptist Health System, Inc.	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President & CEO	Aggregate Year-to-Date > \$ 550.00	
F. Full Name, Mailing Address and ZIP Code Jarrod W. Ravencraft 580 Pear Orchard Road Apt. 1307 Ridgeland, MS 39457	Name of Employer MHA	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 153.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Director of Communications	Aggregate Year-to-Date > \$ 303.00	
G. Full Name, Mailing Address and ZIP Code Michael J. Rach 7761 Thunderstone Circle S. Memphis, TN 38125-3129	Name of Employer Ortho Diagnostics	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 240.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator	Aggregate Year-to-Date > \$ 240.00	

SUBTOTAL of Receipts This Page (optional)

1,743.00

TOTAL This Period (last page this line number only)

SCHEDULE A
ITEMIZED RECEIPTS

 Use separate schedule(s)
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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 Carolyn Riley 820 Poplar Drive Petersburg, IL 62675 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Quorum Health Resources, LLC Occupation Group Vice President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Richard J. Ruppel 715 South Taft Ave. Fremont, OH 43420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Quorum Health Group, Inc./Memorial Hospital Occupation CFO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Melissa Sawyer 5476 Blossom Hill Road Morton, MS 39117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 320.00	Date (month, day, year) 12/08/99	Amount of Each Receipt this Period 320.00
D. Full Name, Mailing Address and ZIP Code James G. Stokes 105 Continental Place Brentwood, TN 37027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Quorum Health Resources, Inc. Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Steven D. Weeks 124 Woods Lakes Drive Madison, MS 39110-8785 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Healthcare Providers Occupation Marketing Director Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/08/99	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Luther E. Reeves Rt. 2 Box 51 Flemingsburg, KY 41041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Fleming County Hospital/Quorum Occupation CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/09/99	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Gregory Vigdor 300 Elliott Avenue West Suite 300 Seattle, WA 98119-4102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Washington State Hospital Association Occupation Sr. Vice President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/09/99	Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)			2,320.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code Maryann J. Greenwell 1106 Colagate Drive Marietta, OH 45750 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Selby General Hospital Occupation CEO Aggregate Year-to-Date > \$ 265.00	Date (month, day, year) 12/09/99	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Charles P. Swisher 2121 Hughes Drive 4th Floor Toledo, OH 43606-3845 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer ProMedica Health System Occupation Corp. V.P., Govt. Relations Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/09/99	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Robert Bell 901 Essex Road Wilmington, DE 19807 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Christiana Care Health System Occupation Director Government Relations Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/09/99	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Andrew S. Davidson 300 Elliott Ave. West Ste. 300 Seattle, WA 98119-4198 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Washington State Hospital Association Occupation VP, Government & Public Affairs Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/09/99	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Diane M. Major 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Sr. Associate Director Aggregate Year-to-Date > \$ 458.40	Date (month, day, year) 12/09/99	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Charles Myers 2000 Campbell Drive Torrington, WY 82240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Community Hospital Occupation Administrator Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/09/99	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Michael D. Huggins 500 Interstate Blvd. South Nashville, TN 37210-4834 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer THA Occupation Executive Vice President/COO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)			2,250.00
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 James F. Hanko 3405 Riverside Drive NE Bemidji, MN 56601-5310 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer North Country Health Services Occupation President & CEO Aggregate Year-to-Date > \$ 375.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 375.00
B. Full Name, Mailing Address and ZIP Code Anthony L. Spezia 1504 Botsford Drive Knoxville, TN 37922-8047 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Covenant Health Occupation Executive VP, Health Mgt. Care Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code William R. Walter Route 7, 103 Walden Road Columbia, TN 38401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Maury Regional Hospital Occupation CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Janice Hickey McKinley 4016 Maloney Road Knoxville, TN 37920 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Fort Sanders Parkwest Medical Center Occupation Vice President/COO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Rudolph McKinley 4165 Towanda Trail Knoxville, TN 37919 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer East Tennessee Children's Hospital Occupation COO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Nicholas Peranich 405 Sunrise Court Nashville, TN 37221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer THA Occupation Asst. VP Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code James L. Decker 1771 Madison Street Clarksville, TN 37043-4990 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Gateway Medical Center Occupation President & CEO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)			2,125.00
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 James D. Gann 175 Gann Road Harriman, TN 37748 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Roane Medical Center Occupation CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Steven McGraw 704 Old Stone Trail Chattanooga, TN 37421 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Vencor Hospital-Chattanooga Occupation CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Norman Urry 2412 McIntyre Court Franklin, TN 37084 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Vanderbilt University Hospital Occupation Exec. Vice President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Thomas L. Scott 2 Stone Harbor Blvd. Cape May Ct. House, NJ 03210-3501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Burdette Tomlin Memorial Hospital Occupation President & CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Sheri Robin Barca 3062 Shannon Oaks Cove Germantown, TN 38138 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Methodist Healthcare-Central Hospital Occupation Administrator Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Terry Morgan 1911 Dobson Park Lane Knoxville, TN 37922 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Baptist Health System East Tennessee Occupation Sr. Vice President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Richard C. Williams 2120 River Sound Drive Knoxville, TN 37922 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer St. Mary's Health System, Inc. Occupation President/CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1,750.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code Dale Collins 1503 Firewood Lane Knoxville, TN 37922 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Baptist Hospital of East Tennessee Occupation CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Louis H. Bramer Jr. 1104 Wlambley Drive Kingsport, TN 37664-5189 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Holston Valley Medical Center Occupation CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code R. Frank Testerman 533 Nelson Street Rogersville, TN 37857 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Hawkins County Memorial Hospital Occupation CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Charles Whitfield Jr. 137 Magnolia Drive Greeneville, TN 37743 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Laughlin Memorial Hospital, Inc. Occupation Chief of Operations Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Richard A. Pilman 219 West Van Sant Avenue Linwood, NJ 08221-1732 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Shore Memorial Hospital Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code George A. Mathews P.O. Box 6225 Oak Ridge, TN 37831 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Covenant Health Occupation Integrity Compliance Officer Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Scott Bowman 420 Oakhill Drive Sweetwater, TN 37874 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Sweetwater Hospital Association Occupation CEO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

2,250.00

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 Sam Bettis 1769 Dry Valley Road Charleston, TN 37310 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Bradley Memorial Hospital Occupation Board Chairman Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Bruce J. Rueben 2550 University Avenue West Sta. 350-S Saint Paul, MN 55114-1052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Minnesota Hospital and Healthcare Partnership Occupation President Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 375.00
C. Full Name, Mailing Address and ZIP Code Jeannine Briley 500 Interstate Blvd. South Nashville, TN 37210-4634 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Tennessee Hospital Association Occupation Asst. Vice President of Education Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Thomas H. Gee 16 India Rd. Paris, TN 38242 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Henry County Medical Center Occupation CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code William Kenley 3635 Legacy Drive Springfield, TN 37172 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer NorthCrest Medical Center Occupation CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Eli Matijevich 900 East Oak Hill Avenue Knoxville, TN 37917-4558 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer St. Mary's Health System, Inc. Occupation Sr. Vice President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Paul N. Muraca One North Franklin Street Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Executive Svcs. Director Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1,875.00

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 Mary Layne Van Cleave 500 Interstate Blvd., South Nashville, TN 37210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer THA Occupation Sr. Vice President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Larry Warkoczski 312 Ivanhoe Drive Johnson City, TN 37601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Mountain States Health Alliance Occupation Sr. Vice President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Alfred L. Griggs One Roundhouse Plaza Suite 302 Northampton, MA 01060-4401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer A.L. Griggs Industries/Cooley-Dickins on Hospital Occupation Trustee Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/13/99	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Frank J. Kelly 24 Hospital Avenue Danbury, CT 06810-6099 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Danbury Health System Occupation President & CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/13/99	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Ronald S. Owen Post Office Drawer 6987 Dothan, AL 36302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Southeast Alabama Medical Center Occupation Chief Executive Officer Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/13/99	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Arthur N. Tedesco 24 Hospital Avenue Danbury, CT 06810 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Danbury Hospital Occupation Sr. VP, Treasury Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/13/99	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Robert J. Trefry 267 Grant Street Bridgeport, CT 06610-0120 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Bridgeport Hospital Occupation President & CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/13/99	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 2,000.00

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code Joyce W. Washington 8311 W. Roosevelt Rd. Forest Park, IL 60130-2529 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Columbia/HCA Riveredge Hospital Occupation Hospital Administrator Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/16/99	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Alan R. Yordy 3600 NW Samaritan Drive Corvallis, OR 97330-3737 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Mid-Valley Healthcare, Inc. Occupation CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/16/99	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code James M. Hohner 2159 W. Agatita Chicago, IL 60625-1705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Ravenswood Hospital Medical Center Occupation Management Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/16/99	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Kathleen Dunn 700 S. Second Street Springfield, IL 62704-2516 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Illinois Hospital & Health Systems Association Occupation Assistant Vice President Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 12/16/99	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code David E. Jaffe 325 Ninth Ave. Box 359717 Seattle, WA 98104-2499 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Harborview Medical Center Occupation Executive Director & CEO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/16/98	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Thomas E. Terrill Ph.D., FACHE 154 West State Street Trenton, NJ 08608-1102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer University Health System of New Jersey Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/16/99	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Dennis E. Kilma 640 South State Street Dover, DE 19901-3530 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Bayhealth Medical Center Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/20/99	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

2,000.00

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 NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code Dennis A. Hall PO Box 830605 Birmingham, AL 35283-0605	Name of Employer Baptist Health System Occupation President & CEO	Date (month, day, year) 12/20/99	Amount of Each Receipt this Period 500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Lucinda A. Bradley 801 W. Leota Street North Platte, NE 68101-6525	Name of Employer Great Plains Regional Medical Center Occupation Chief Executive Officer	Date (month, day, year) 12/20/99	Amount of Each Receipt this Period 300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Frank A. D'Andrea 119 Wayne Street Lakewood, NJ 08701	Name of Employer Meridian Health System Occupation Vice President	Date (month, day, year) 12/20/99	Amount of Each Receipt this Period 100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 225.00		
D. Full Name, Mailing Address and ZIP Code Frederick L. Hipp Jr. 30 Portland Avenue Fairwood, NJ 07023-1144	Name of Employer Solaris Health System Occupation Vice President, Public Affairs	Date (month, day, year) 12/20/99	Amount of Each Receipt this Period 150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 275.00		
E. Full Name, Mailing Address and ZIP Code Joseph C. Maher Jr. One Post Office Square 16th Floor Boston, MA 02109-2170	Name of Employer Foley, Hoag, & Eliot LLP Occupation Trustee	Date (month, day, year) 12/20/99	Amount of Each Receipt this Period 1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code Leslie K. Malby 125 Airport Road Concord, NH 03301-7388	Name of Employer New Hampshire Hospital Association Occupation VP, Government Relations	Date (month, day, year) 12/20/99	Amount of Each Receipt this Period 500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code Barry Pipkin 21 Bridgeway Road North Little Rock, AR 72113-8516	Name of Employer The BridgeWay Occupation CEO	Date (month, day, year) 12/20/99	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 375.00		

SUBTOTAL of Receipts This Page (optional)

2,800.00

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code Steven L. Smith 2450 South Telshor Blvd. Las Cruces, NM 88011-5076 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Memorial Medical Center Occupation President & CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/20/99	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Geoffray N. Lang 400 NE Mother Joseph Place Vancouver, WA 98684-3200 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Southwest Washington Medical Center Occupation President/CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/21/99	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code M. Theresa Gottschalk 1923 S. Utica Avenue Tulsa, OK 74104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer St. John Medical Center Occupation President & CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/21/99	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Lawrence U. Haspel D.O. 222 S. Riverside Plaza Suite 1900 Chicago, IL 60606-5808 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Metropolitan Chicago Healthcare Council Occupation Senior Vice President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/21/99	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Richard B. Hubbard III 1968 Peachtree Road NW Atlanta, GA 30309-1285 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Piedmont Hospital, Inc. Occupation Administrator Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 125.00
F. Full Name, Mailing Address and ZIP Code James M. Moore 4405 W. Longmeadow Court Peoria, IL 61615-8829 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer OSF Healthcare Occupation CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Nemual O. Artiles Ofc. Del Dir. Ejecutivo Apartado 68 Yauco, PR 00698 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Bella Vista Southwest Hospital Occupation President Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)

1,575.00

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 Kester S. Freeman Jr. 1301 Taylor Street Suite 9-A Columbia, SC 29201-2914	Name of Employer Palmetto Health Alliance Occupation CEO	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > 5 375.00		
B. Full Name, Mailing Address and ZIP Code Phillis Osters-Pena 6812 San Vicente Coral Gables, FL 33146-3547	Name of Employer Baptist Health System of South Florida Occupation Dir. Gov't Affairs	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 80.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > 1 280.00		
C. Full Name, Mailing Address and ZIP Code Phillis Osters-Pena 6812 San Vicente Coral Gables, FL 33146-3547	Name of Employer Baptist Health System of South Florida Occupation Dir. Gov't Affairs	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 32.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > 1 312.00		
D. Full Name, Mailing Address and ZIP Code Joan H. Lewis 1250 Eye Street, NW Ste. 700 Washington, DC 20005-3922	Name of Employer District of Columbia Hospital Association Occupation Vice President	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > 8 400.00		
E. Full Name, Mailing Address and ZIP Code J. Robert Peters 1400 East Boulder Street Colorado Springs, CO 80909-5599	Name of Employer Memorial Hospital Occupation Executive Director	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > 8 250.00		
F. Full Name, Mailing Address and ZIP Code Merrill Gappmayer 1156 S. State Street Suite 202 Oram, UT 84097-8233	Name of Employer IHC South Region Occupation Chairman	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > 8 250.00		
G. Full Name, Mailing Address and ZIP Code H. Gary Pehrson 501 East 700 North Kaysville, UT 84037-1576	Name of Employer IHC Health Plans Occupation Vice President	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > 8 250.00		

SUBTOTAL of Receipts This Page (optional)

1,262.00

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 Neil H. Whipkey 5429 Collage Drive Graceville, FL 32440-1857 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Shands HealthCare, Gainesville Occupation Administrator Aggregate Year-to-Date > \$ 576.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 176.00
B. Full Name, Mailing Address and ZIP Code Mark R. Stoddard 438 North 800 East Nephi, UT 84648-1358 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Rural Health Management Corporation Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Duncan Moore 1300 Miccosukee Road Tallahassee, FL 32308-5037 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Tallahassee Memorial Regional Med. Ctr. Occupation President/CEO Aggregate Year-to-Date > \$ 832.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 32.00
D. Full Name, Mailing Address and ZIP Code Mary M. White 6035 South Iola Way Englewood, CO 80111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Columbia Swedish Medical Center Occupation CEO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 200.00
E. Full Name, Mailing Address and ZIP Code Marsha D. Powers 105 Continental Place Brentwood, TN 37027-5014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Quorum Health Services Occupation Administrator Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Frank J. Vozos 28 Burnt Mill Circle Oceanport, NJ 07757 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Saint Barnabas Health Care System Occupation Administrator Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Charles D. Beaman Jr., FACHE Taylor at Marion Street Columbia, SC 29220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Palmetto Baptist Medical Center Occupation President Aggregate Year-to-Date > \$ 375.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1,408.00

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 Douglas Shepherd 102 Irving Street, NW Washington, DC 20010-2949 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer National Rehabilitation Hospital Occupation Sr. VP/Administrator Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code N. David Flagg PO Box 100161 Gainesville, FL 32610-0161 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Shands HealthCare Occupation Director, Government Relations Aggregate Year-to-Date > \$ 480.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 16.00
C. Full Name, Mailing Address and ZIP Code James R. Chromik 2260 NE 44th Street Lighthouse Pt., FL 33064 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer North Broward Medical Center Occupation Administrator Aggregate Year-to-Date > \$ 232.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 200.00
D. Full Name, Mailing Address and ZIP Code Fred J. Lucky 14807 W. 89th Street Lenexa, KS 66215-2987 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Kansas Hospital Association Occupation Regional Executive Aggregate Year-to-Date > \$ 500.04	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 83.34
E. Full Name, Mailing Address and ZIP Code Maynard F. Oliverius 1500 W Tenth Avenue Topeka, KS 66604-1301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Stormont-Vall Healthcare Occupation President & CEO Aggregate Year-to-Date > \$ 251.10	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 251.10
F. Full Name, Mailing Address and ZIP Code G. Will Trower 303 S.E. 17th Street Fort Lauderdale, FL 33318-2523 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer North Broward Hospital District Occupation President & CEO Aggregate Year-to-Date > \$ 432.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 400.00
G. Full Name, Mailing Address and ZIP Code Norman V. Stein 3100 E. Fletcher Avenue Tampa, FL 33613-4688 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer University Community Hospital Occupation President Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional)

1,600.44

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 Frank V. Murphy III 623 Poinsettia Road Belleair, FL 34618 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer BayCare Health System Dunedin Occupation President/Chief Executive Offr Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 800.00
B. Full Name, Mailing Address and ZIP Code Melvin R. Creeley 425 W. Fifth St East Liverpool, OH 43920-2498 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer East Liverpool City Hospital Occupation President & CEO Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 20.00
C. Full Name, Mailing Address and ZIP Code Marie Beatrice Grausa RN, JD 8415 Ridge Drive Bethesda, MD 20816-2637 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Foley Hoag & Eliot Occupation Government Relations Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Dennis Noonan 5209 New Mexico Street Vancouver, WA 98661-6620 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Salem Hospital Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code James T. Lussier 2500 NE Heff Road Bend, OR 97701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer St. Charles Medical Center Occupation President & CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Daniel Field 3811 SW Comus St Portland, OR 97218-7510 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Oregon Association of Hospitals & Health Systems Occupation VP, Policy & Legal Affairs Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 125.00
G. Full Name, Mailing Address and ZIP Code Joseph A. Thompson 4190 Belfort Road Suite 425 Jacksonville, FL 32216-1407 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Delay-Thompson & Co. Occupation Trustee Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional)

2,345.00

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code Robert D. Beard 3548 Raymur Villa Drive Jacksonville, FL 32277	Name of Employer Ernst & Young LLP	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CPA/Partner	12/30/99	400.00
	Aggregate Year-to-Date > \$ 600.00		
B. Full Name, Mailing Address and ZIP Code Joann Birch 425 Kings Hwy. Lewes, DE 19958	Name of Employer Bayhealth Medical Center	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator	12/30/99	250.00
	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code James M. Bridges Taylor at Marion Street Columbia, SC 29220	Name of Employer Palmetto Baptist Medical Center	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Executive Vice President	12/30/99	150.00
	Aggregate Year-to-Date > \$ 275.00		
D. Full Name, Mailing Address and ZIP Code Mark C. Coons 544 West Lupine Drive Alpine, UT 84004-1382	Name of Employer IHC Urban South Region	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Healthcare Executive	12/30/99	250.00
	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Jay H. Curwin MD 14 East Cove Lane Morristown, NJ 07960-2700	Name of Employer Atlantic Health System	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator	12/30/99	250.00
	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Daryl Dolse 539 Prudhomme Lane Opelousas, LA 70570	Name of Employer Quorum Health Resources/Opalouzas General Hospital	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CEO	12/30/99	250.00
	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Kevin Earls 963 Parkway Drive NW Salem, OR 97304-3673	Name of Employer OAHHS	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Vice President	12/30/99	250.00
	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)
1,600.00
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 NAME OF COMMITTEE (in full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code H. Douglas Garner 611 Alcom Drive Cornith, MS 38834 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Magnolia Regional Health Center Occupation Chief Executive Officer Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code David C. Gessel 2029 Bryan Avenue Salt Lake City, UT 84108-2811 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Utah Hospital Association Occupation VP of Gov't/Legal Affairs Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Colleen J. Goode R.N., Ph.D. 3835 W 102nd Avenue Westminster, CO 80030-2428 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer University of Colorado Hospital Occupation Vice President, Patient Services Aggregate Year-to-Date > \$ 325.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Patricia Harrington 211 Cove Lane Layton, UT 84040-4400 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer McKay Dee Hospital & Medical Center Occupation Hospital Executive Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code James C. Hoellein 1475 33rd Street Ogden, UT 84403-1301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer McKay-Dee Hospital Occupation Director, Heart Institute Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Donald L. Jernigan 477 Country Club Drive Longwood, FL 32750 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Florida Hospital Occupation President Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 800.00
G. Full Name, Mailing Address and ZIP Code David L. Jones 2500 S. State Salt Lake City, UT 84115-3110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Rock Mountain Medical Center Occupation President & CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

2,300.00

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code Alfred A. Lerz 201 Chestnut Hill Rd. Stafford Springs, CT 06076-0869	Name of Employer Johnson Memorial Hospital	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President & CEO	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Alan Levine 1767 Hemitage Blvd. Apt. 10211 Tallahassee, FL 32308-7714	Name of Employer Doctors' Memorial Hospital Inc.	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 464.00	
C. Full Name, Mailing Address and ZIP Code Robert A. Malson 1250 Eye Street, NW Suite 700 Washington, DC 20005-3922	Name of Employer District of Columbia Hospital Association	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code Michael Marquez 7905 Wyndham Court University Park, FL 34201-2255	Name of Employer Manatee Memorial Hospital	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President & CEO	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code Michael Marquez 7905 Wyndham Court University Park, FL 34201-2255	Name of Employer Manatee Memorial Hospital	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 32.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President & CEO	Aggregate Year-to-Date > \$ 432.00	
F. Full Name, Mailing Address and ZIP Code Paul J. McKnight 18202 N.W. 140th Street Alachua, FL 32615	Name of Employer Florida Hospital Association	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Government Rel.	Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code Steve H. Meek Post Office Box 491 Ephraim, UT 84627-0491	Name of Employer Sanpete Valley Hospital	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

1,782.00

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 Mark Mandell MD 43 Yacht Club Drive Lake Hopatcong, NJ 07849-1313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Atlantic Health System Occupation Administrator Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Joel D. Ohlsen MD Post Office Box 399 Rye, CO 81069-0399 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer St. Mary-Corwin Regional Medical Center Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Randall K. Probst 565 North 100 West Heber City, UT 84032-1201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Heber Valley Medical Center Occupation Administrator Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code James J. Raymond MD 1301 Taylor Street Columbia, SC 29201-2914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Palmetto Health Alliance Occupation Senior Vice President Aggregate Year-to-Date > \$ 265.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 140.00
E. Full Name, Mailing Address and ZIP Code John A. Siedlecki 105 Continental Place Brentwood, TN 37221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Quorum Health Resources Occupation SVP Marketing Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Jack E. Sanders 5517 Collage Drive Graceville, FL 32440 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Campbellton Graceville Hospital Occupation Chief of Staff Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 400.00
G. Full Name, Mailing Address and ZIP Code John C. Stinson CHE 15851 Dallas Parkway Suite 245 Addison, TX 75001-3369 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Quorum Health Resources Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)			1,790.00
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 Virginia C. Roberts 111 Westminster Street RIMOMO2A Providence, RI 02903-2305 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Memorial Hospital of Rhode Island Occupation Trustee Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Robert Walker 640 Ulukahiki Street Kailua, HI 96734-4498 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Castle Medical Center Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code L. Steven Wilson 544 South 400 East Saint George, UT 84770-3705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Dixie Regional Medical Center Occupation Administrator Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code James Wong MD 77 Pippins Way Morristown, NJ 07960-6986 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Atlantic Health Systems Occupation Administrator Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Charlotte S. Yeh M.D. 75 Sergeant William Terry Drv. NHIC Hingham, MA 02043 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer NEMC Occupation Chief, Emergency Medicine Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Karen Milgate 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Sr. Assoc. Director, Policy Aggregate Year-to-Date > \$ 250.11	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 23.82 (\$11.91 Biweekly)
G. Full Name, Mailing Address and ZIP Code Lindsay Mac Robinson One North Franklin Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Regional Executive Aggregate Year-to-Date > \$ 500.01	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)

SUBTOTAL of Receipts This Page (optional)

1,321.44

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 Deborah Williams 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Sr. Assoc. Director Aggregate Year-to-Date > \$ 250.11	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 23.82 (\$11.91 Biweekly)
B. Full Name, Mailing Address and ZIP Code Barbara Tomar 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Policy Development Aggregate Year-to-Date > \$ 250.11	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 23.82 (\$11.91 Biweekly)
C. Full Name, Mailing Address and ZIP Code Deborah Weiner 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Director Aggregate Year-to-Date > \$ 500.01	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
D. Full Name, Mailing Address and ZIP Code Alfred Jackson III 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Vice President Aggregate Year-to-Date > \$ 530.66	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 48.66 (\$25.00 Biweekly)
E. Full Name, Mailing Address and ZIP Code Jonathan T. Lord M.D. 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Chief Operating Officer Aggregate Year-to-Date > \$ 500.01	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
F. Full Name, Mailing Address and ZIP Code Neil J. Jesuele 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Executive Vice President Aggregate Year-to-Date > \$ 500.01	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
G. Full Name, Mailing Address and ZIP Code Ellen A. Fryga 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Policy Development Aggregate Year-to-Date > \$ 250.11	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 23.82 (\$11.91 Biweekly)

SUBTOTAL of Receipts This Page (optional)

262.98

TOTAL This Period (last page this line number only)

SCHEDULE A
ITEMIZED RECEIPTS

 Use separate schedule(s)
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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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Regional Legislative Dir. Aggregate Year-to-Date > \$ 500.01	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
B. Full Name, Mailing Address and ZIP Code Mark Seklecki 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Director, Political Affairs Aggregate Year-to-Date > \$ 500.01	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
C. Full Name, Mailing Address and ZIP Code George F. Bergstrom One North Franklin Street Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Vice President Aggregate Year-to-Date > \$ 250.11	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 23.82 (\$11.91 Biweekly)
D. Full Name, Mailing Address and ZIP Code Richard J. Davidson 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation President Aggregate Year-to-Date > \$ 1,000.02	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 95.24 (\$47.62 Biweekly)
E. Full Name, Mailing Address and ZIP Code Herb B. Kuhn 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Vice President, Public Affairs Aggregate Year-to-Date > \$ 500.01	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
F. Full Name, Mailing Address and ZIP Code Barbara Harness Lorbach One North Franklin Street Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Sr. Vice President Aggregate Year-to-Date > \$ 750.01	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
G. Full Name, Mailing Address and ZIP Code Linda M. Magno 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Managing Director Aggregate Year-to-Date > \$ 500.01	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)

SUBTOTAL of Receipts This Page (optional)
357.16
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 Donna J. Malkonlan One North Franklin Street Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Director - Financial Policy Aggregate Year-to-Date > \$ 250.11	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 23.82 (\$11.91 Biweekly)
B. Full Name, Mailing Address and ZIP Code Calbreith L. Simpson 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Regional Executive Aggregate Year-to-Date > \$ 500.01	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
C. Full Name, Mailing Address and ZIP Code Ronald O. Purcell 802 West Bannock Street Suite 500 POB 1278 Boise, ID 83702-5837 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Regional Executive Aggregate Year-to-Date > \$ 504.01	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
D. Full Name, Mailing Address and ZIP Code Richard J. Pollack 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Executive Vice President Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 95.22 (\$47.62 Biweekly)
E. Full Name, Mailing Address and ZIP Code Kenneth A. Becker 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Dir. Nat'l Grassroots Project Aggregate Year-to-Date > \$ 500.01	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
F. Full Name, Mailing Address and ZIP Code Richard H. Wade 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Senior Vice President Aggregate Year-to-Date > \$ 500.01	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
G. Full Name, Mailing Address and ZIP Code Stephen M. Ahnan 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Vice President/Special Asst. Aggregate Year-to-Date > \$ 500.01	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)

SUBTOTAL of Receipts This Page (optional)

357.14

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 Lori Schor 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Director Aggregate Year-to-Date \$ 500.01	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
B. Full Name, Mailing Address and ZIP Code Carla L. Luggiero 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Sr. Associate Director Aggregate Year-to-Date \$ 500.01	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
C. Full Name, Mailing Address and ZIP Code Robyn Cooke 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Media Relations Asst. Aggregate Year-to-Date \$ 250.11	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 23.82 (\$11.91 Biweekly)
D. Full Name, Mailing Address and ZIP Code Stefania E. Higgins 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Associate Director Aggregate Year-to-Date \$ 330.11	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 23.82 (\$11.91 Biweekly)
E. Full Name, Mailing Address and ZIP Code Barbara Jackier 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Director of Operations Aggregate Year-to-Date \$ 500.04	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 83.34 (\$41.67 Biweekly)
F. Full Name, Mailing Address and ZIP Code Robert K. Kirk 1700 Sonny's Way Hollister, CA 95023-6632 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Regional Executive Aggregate Year-to-Date \$ 500.01	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
G. Full Name, Mailing Address and ZIP Code Diane M. Major 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Sr. Associate Director Aggregate Year-to-Date \$ 500.08	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 41.68 (\$20.84 Biweekly)
SUBTOTAL of Receipts This Page (optional)			315.52
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 Kristen Morris 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Sr. Associate Director Aggregate Year-to-Date > \$ 476.20	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
B. Full Name, Mailing Address and ZIP Code Don Nielsen MD One North Franklin Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Sr. Vice President Aggregate Year-to-Date > \$ 500.04	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 55.56 (\$27.78 Biweekly)
C. Full Name, Mailing Address and ZIP Code Curtis D. Rooney 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Hospital Association Occupation Senior Associate Director Aggregate Year-to-Date > \$ 500.10	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 66.68 (\$33.34 Biweekly)
D. Full Name, Mailing Address and ZIP Code Harold R. Acres PO Box 600 Manchester, NH 03105-0600 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer St. Joseph Hospital Occupation Chairman of the Board Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code David P. Selfert 10010 Kennerly Road St. Louis, MO 63028-4372 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer St. Anthony's Medical Center Occupation CEO Aggregate Year-to-Date > \$ 525.00	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period 525.00
F. Full Name, Mailing Address and ZIP Code Terry L. Watne 1200 South Columbia Road Grand Forks, ND 58201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Altru Health System Occupation Administrative Director Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period 50.00
G. Full Name, Mailing Address and ZIP Code Peter B. Davis 172 Kinsley Street Nashua, NH 03060-3688 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer St. Joseph Hospital & Trauma Center Occupation President/CEO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)
1,244.85
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 Alvin D. Felgar 11 Whitahall Road Rochester, NH 03867	Name of Employer Frisbie Memorial Hospital	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code William L. Thomas MD 719 Chapel Ridge Rd. Timonium, MD 21093	Name of Employer Franklin Square Hospital Center	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period 375.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Medical Director	Aggregate Year-to-Date > \$ 375.00	
C. Full Name, Mailing Address and ZIP Code Arnold R. 'Chip' Thomas Jr. 1121 North 13th Street Suite 1 Bismarck, ND 58501-4224	Name of Employer North Dakota Healthcare Association	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period 100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 400.00	
D. Full Name, Mailing Address and ZIP Code Steven S. Cohen 28 Goucher Woods Court Towson, MD 21286	Name of Employer MedStar Health	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period 375.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 375.00	
E. Full Name, Mailing Address and ZIP Code John L. Green 100 Irving Avenue, NW Washington, DC 20010-2975	Name of Employer MedStar Health	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period 375.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Sr. Vice President	Aggregate Year-to-Date > \$ 375.00	
F. Full Name, Mailing Address and ZIP Code Brent L. Henry 9028 Woodland Drive Silver Spring, MD 20910	Name of Employer MedStar Health	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period 375.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Sr. Vice President	Aggregate Year-to-Date > \$ 375.00	
G. Full Name, Mailing Address and ZIP Code John P. McDaniel 100 Irving St., NW, Ste. 1001 Washington, DC 20010-2975	Name of Employer Mediantic Healthcare Group	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period 375.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Chief Executive Officer	Aggregate Year-to-Date > \$ 375.00	

SUBTOTAL of Receipts This Page (optional)

2,225.00

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 Mary-Anne Ponti 6 Glen Cove Drive Rockport, ME 04856-4240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Penobscot Bay Medical Center Occupation: Vice President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period 125.00
B. Full Name, Mailing Address and ZIP Code Patricia Smyth 6 Dambalgh Hill Circle Baltimore, MD 21210-1000 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: MedStar Health Occupation: Board Chair Aggregate Year-to-Date > \$ 375.00	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period 375.00
C. Full Name, Mailing Address and ZIP Code Thomas Wilhelmsen Jr. 8 Prospect Street Box 2014 Nashua, NH 03060 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: South New Hampshire Regional Medical Center Occupation: President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number only)			54,859.54

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 NY Hospital & Healthcare Assoc. PAC 74 North Pearl Street Albany, NY 12207-2721 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 66,000.00	Date (month, day, year) 12/20/99	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Texas Hospital Association - PAC P.O. Box 15587 Austin, TX 78761-5587 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 65,480.72	Date (month, day, year) 12/20/99	Amount of Each Receipt this Period 26,010.00
C. Full Name, Mailing Address and ZIP Code California Healthcare Association PAC PO Box 1100 Sacramento, CA 95812-1100 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 92,500.00	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 10,000.00
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			37,010.00
TOTAL This Period (last page this line number only)			37,010.00

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 Minnesota Hospital Association PAC P.O. Box 14878 Minneapolis, MN 55414	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Education Fund	12/30/99	7,096.62
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 7,096.62		
B. Full Name, Mailing Address and ZIP Code CITIBANK P.O. Box 19748 Washington, DC 20038	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	12/31/99	609.03
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 4,443.93		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$		
SUBTOTAL of Receipts This Page (optional)			7,705.65
TOTAL This Period (last page this line number only)			7,705.65

SCHEDULE B
ITEMIZED DISBURSEMENTS

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

 PAGE 1 OF 1
FOR LINE NUMBER
21B

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code American Express Ste. 001 Chicago, IL 60679	Purpose of Disbursement Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/02/99	Amount of Each Disbursement This Period 25.00
B. Full Name, Mailing Address and ZIP Code American Express Ste. 001 Chicago, IL 60679	Purpose of Disbursement Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/06/99	Amount of Each Disbursement This Period 8.13
C. Full Name, Mailing Address and ZIP Code American Express Ste. 001 Chicago, IL 60679	Purpose of Disbursement Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/14/99	Amount of Each Disbursement This Period 3.25
D. Full Name, Mailing Address and ZIP Code Paymentech 1601 Elm Street Dallas, TX 75201	Purpose of Disbursement Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/14/99	Amount of Each Disbursement This Period 50.76
E. Full Name, Mailing Address and ZIP Code American Express Ste. 001 Chicago, IL 60679	Purpose of Disbursement Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/24/99	Amount of Each Disbursement This Period 32.50
F. Full Name, Mailing Address and ZIP Code American Express Ste. 001 Chicago, IL 60679	Purpose of Disbursement Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/27/99	Amount of Each Disbursement This Period 3.58
G. Full Name, Mailing Address and ZIP Code Citibank, F.S.B. 1400 G Street, NW Washington, DC 20005	Purpose of Disbursement Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/31/99	Amount of Each Disbursement This Period 29.44
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)
152.66
TOTAL This Period (last page this line number only)
152.66

SCHEDULE B

ITEMIZED DISBURSEMENTS

 Use separate schedule(s)
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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 Hoefel for Congress 700 East Johnson Hwy. Norristown, PA 19401	Purpose of Disbursement Joe Hoefel, U.S. HOUSE 13th PA Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/01/99	Amount of Each Disbursement This Period 2,000.00
B. Full Name, Mailing Address and ZIP Code The Mike Thompson for Congress Committee PO Box 1898 St. Helena, CA 94574	Purpose of Disbursement Michael Thompson, U.S. HOUSE 1st CA Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/01/99	Amount of Each Disbursement This Period 130.00
C. Full Name, Mailing Address and ZIP Code Delahunt for Congress Committee 500 Victory Road Quincy, MA 02171	Purpose of Disbursement William Delahunt, U.S. HOUSE 10th MA Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/01/99	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code CAPUANO FOR CONGRESS COMMITTEE 219 Elm Street Somerville, MA 02144	Purpose of Disbursement Michael Capuano, U.S. HOUSE 8th MA Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/01/99	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code The McGovern Committee P.O. Box 408 Worcester, MA 01606	Purpose of Disbursement James P. McGovern, U.S. HOUSE 3rd MA Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/01/99	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Friends for Baron Hill Committee 503 Capitol Court, NE Suite 100 Washington, DC 20002	Purpose of Disbursement Baron Hill, U.S. HOUSE 8th IN Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/07/99	Amount of Each Disbursement This Period 1,500.00
G. Full Name, Mailing Address and ZIP Code Friends of Weiner 2276 Homecrest Ave. #4A Brooklyn, NY 11229	Purpose of Disbursement Anthony Weiner, U.S. HOUSE 9th NY Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/07/99	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code Committee for a Democratic Majority 307 5th Street, NE Washington, DC 20002	Purpose of Disbursement 1999 Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1999	Date (month, day, year) 12/07/99	Amount of Each Disbursement This Period 5,000.00
I. Full Name, Mailing Address and ZIP Code Kennedy for Senate 2000 426 C Street, NE Washington, DC 20002	Purpose of Disbursement Edward M. Kennedy, U.S. SENATE MA Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 12/07/99	Amount of Each Disbursement This Period 5,000.00

SUBTOTAL of Disbursements This Page (optional)

17,130.00

TOTAL This Period (last page this line number only)

SCHEDULE B
ITEMIZED DISBURSEMENTS

 Use separate schedule(s)
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Detailed Summary Page

 PAGE 2 OF 4
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 Friends of Jim Saxton P.O. Box 795 Mount Holly, NJ 08060	Purpose of Disbursement Jim Saxton, U.S. HOUSE 3rd NJ Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/09/99	Amount of Each Disbursement This Period 2,500.00
B. Full Name, Mailing Address and ZIP Code Franks for Senate PO Box 197 New Providence, NJ 07971	Purpose of Disbursement Bob Franks, U.S. SENATE NJ Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/09/99	Amount of Each Disbursement This Period 2,500.00
C. Full Name, Mailing Address and ZIP Code Franks for Senate PO Box 197 New Providence, NJ 07971	Purpose of Disbursement Bob Franks, U.S. SENATE NJ Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/09/99	Amount of Each Disbursement This Period 1,500.00
D. Full Name, Mailing Address and ZIP Code Franks for Senate PO Box 197 New Providence, NJ 07971	Purpose of Disbursement Bob Franks, U.S. SENATE NJ Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 12/09/99	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Jim Maloney 1325 East Main Street Waterbury, CT 06705	Purpose of Disbursement Jim Maloney, U.S. HOUSE 5th CT Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/13/99	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Jim Maloney 1325 East Main Street Waterbury, CT 06705	Purpose of Disbursement Jim Maloney, U.S. HOUSE 5th CT Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/13/99	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Committee to Re-Elect LaFalce Box 2884 Washington, DC 20013	Purpose of Disbursement John J. LaFalce, U.S. HOUSE 29th NY Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/13/99	Amount of Each Disbursement This Period 2,000.00
H. Full Name, Mailing Address and ZIP Code AMERIPAC 1341 G Street, NW Suite 200 Washington, DC 20005	Purpose of Disbursement 1999 Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1999	Date (month, day, year) 12/13/99	Amount of Each Disbursement This Period 1,000.00
I. Full Name, Mailing Address and ZIP Code Lone Star PAC PO Box 4219 Dallas, TX 75208	Purpose of Disbursement 1999 Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1999	Date (month, day, year) 12/13/99	Amount of Each Disbursement This Period 1,000.00

SUBTOTAL of Disbursements This Page (optional)

13,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code Leadership 21 5501 Cherokee Ave. Ste. 112 Alexandria, VA 22312	Purpose of Disbursement 1999 Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1999	Date (month, day, year) 12/13/99	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Delahunt for Congress Committee 500 Victory Road Quincy, MA 02171	Purpose of Disbursement William Delahunt, U.S. HOUSE 10th MA Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/15/99	Amount of Each Disbursement This Period 4,000.00
C. Full Name, Mailing Address and ZIP Code Delahunt for Congress Committee 500 Victory Road Quincy, MA 02171	Purpose of Disbursement William Delahunt, U.S. HOUSE 10th MA Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 12/15/99	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Moran For Congress PO Box 1151 Hays, KS 67601	Purpose of Disbursement Jerry Moran, U.S. HOUSE 1st KS Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/15/99	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code America Works Committee 807 14th Street, NW Ste. 800 Washington, DC 20005	Purpose of Disbursement 1999 Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1999	Date (month, day, year) 12/15/99	Amount of Each Disbursement This Period 2,000.00
F. Full Name, Mailing Address and ZIP Code Citizens to Elect Rick Larsen Post Office Box 326 Everett, WA 98206	Purpose of Disbursement Rick Larsen, U.S. HOUSE 2nd WA Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/16/99	Amount of Each Disbursement This Period 2,500.00
G. Full Name, Mailing Address and ZIP Code Vision for America 1155 21st NW Ste. 300 Washington, DC 20036	Purpose of Disbursement 1999 Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1999	Date (month, day, year) 12/16/99	Amount of Each Disbursement This Period 2,000.00
H. Full Name, Mailing Address and ZIP Code Santorum 2000 P.O. Box 10495 Pittsburgh, PA 15234	Purpose of Disbursement Rick Santorum, U.S. SENATE PA Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/20/99	Amount of Each Disbursement This Period 1,000.00
I. Full Name, Mailing Address and ZIP Code Majority Leader's Fund 4451 Brookfield Corporate Dr, Suite 200 Chantilly, VA	Purpose of Disbursement 1999 Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1999	Date (month, day, year) 12/20/99	Amount of Each Disbursement This Period 1,000.00

SUBTOTAL of Disbursements This Page (optional)

15,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B
ITEMIZED DISBURSEMENTS

 Use separate schedule(s)
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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 Friends of Congressman Tom Lantos 3819 South 14th Street Arlington, VA 22204	Purpose of Disbursement Tom Lantos, U.S. HOUSE 12th CA Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/20/99	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code McNulty for Congress P.O. Box 1580 Graan Island, NY 12183	Purpose of Disbursement Michael R. McNulty, U.S. HOUSE 21st NY Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/20/99	Amount of Each Disbursement This Period 2,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Sam Johnson PO Box 860098 Plano, TX 75086	Purpose of Disbursement Sam Johnson, U.S. HOUSE 3rd TX Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/21/99	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Nancy Johnson P.O. Box 1985 New Britain, CT 06053	Purpose of Disbursement Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 12/22/99	Amount of Each Disbursement This Period 5,000.00
E. Full Name, Mailing Address and ZIP Code BACHUS RE-ELECTION CAMPAIGN 1998 P.O. Box 6579 Arlington, VA 22206	Purpose of Disbursement Spencer T. Bachus, U.S. HOUSE 6th AL Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/26/99	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Costello for Congress Committee P.O. Box 8250 Belleville, IL 62222	Purpose of Disbursement Jerry F. Costello, U.S. HOUSE 12th IL Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/26/99	Amount of Each Disbursement This Period 5,000.00
G. Full Name, Mailing Address and ZIP Code Democratic National Committee 430 South Capitol Street Washington, DC 20003	Purpose of Disbursement 1999 Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1999	Date (month, day, year) 12/31/99	Amount of Each Disbursement This Period 15,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

30,000.00

TOTAL This Period (last page this line number only)

75,630.00

Federal Election Commission

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

☒ Hand Delivered Date of Receipt
1-28-00

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See

PREPARER

1-29-00

DATE PREPARED