

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

ADDRESS (number and street) Check if different than previously reported
325 7th Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20004

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAR 18 11 50 AM '99

2. FEC IDENTIFICATION NUMBER
000106148

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	02/01/99 through 02/28/99		
6. (a) Cash on Hand January 1, 19 99			\$ 229,099.56
(b) Cash on Hand at Beginning of Reporting Period		\$ 274,557.10	
(c) Total Receipts (from Line 19)		\$ 20,996.81	\$ 83,008.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 295,553.91	\$ 312,108.49
7. Total Disbursements (from Line 30)		\$ 47,084.88	\$ 63,639.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 248,469.03	\$ 248,469.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20483
Toll Free 800-424-9530
Local 202-219-3420

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 **3/17/99**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

--	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(revised 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE American Hospital Association PAC	REPORT COVERING PERIOD		
	FROM	TO	
	02/01/89	02/28/89	
I Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	10,773.81	29,588.81	11(a)(i)
ii. Unitemized	4,445.83	15,486.68	11(a)(ii)
iii. Total (add i and ii) >	15,219.64	45,075.49	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) >	15,219.64	45,075.49	11(d)
12. Transfers From Affiliated/Other Party Committees	5,800.00	37,355.72	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.)	277.17	577.72	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) >	20,996.81	83,008.93	19
20. Total Federal Receipts (subtract line 18 from line 19) >	20,996.81	83,008.93	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	84.88	139.46	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	84.88	139.46	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	47,000.00	63,500.00	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	0.00	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	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	47,084.88	63,639.46	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	47,084.88	63,639.46	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	15,219.64	45,075.49	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	15,219.64	45,075.49	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	84.88	139.46	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	84.88	139.46	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER 11 a I

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and ZIP Code Karen S. Haase-Herrick R.N. 6804 161st Place, SW Edmonds, WA 98026-4540</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Northwest Organization of Nurse Executives</p> <p>Occupation Executive Director</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 02/09/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Mary K. Kohles R.N. 2268 DaFours Ferry Rd. NW Atlanta, GA 30318-2324</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Promina Health System</p> <p>Occupation Internal Consultant</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 02/09/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Joseph A. Parker 3497 Mill Bridge Drive Marietta, GA 30062-8378</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Georgia Hospital Association</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 02/09/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Victor L. Campbell 1307 Chickering Road Nashville, TN 37215-0550</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Columbia/HCA Healthcare Corp.</p> <p>Occupation Senior Vice President</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 02/09/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Barbara W. Moore 4860 Lagoons Circle West Bloomfield, MI 48323</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Mercy Health Services</p> <p>Occupation Associate VP</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 02/09/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Terry Townsend FACHE, CAE 4055 Enclave Mesa Circle Austin, TX 78731-2157</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Texas Hospital Association</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 02/09/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Gail L. Warden 250 Washington Road Grosse Pointe, MI 48230-1614</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Henry Ford Health System</p> <p>Occupation President & Chief Executive Officer</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 02/09/99</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional) 3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER 11 a i

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Fred L. Brown 14319 Mandeleigh Woods Dr. Saint Louis, MO 63105-1705	BJC Health System	02/09/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President and CEO	Aggregate Year-to-Date > \$ 500.00	
Brian R. Mittar 9 Belmont Avenue Brattleboro, VT 05301	Brattleboro Memorial Hospital	02/09/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250.00	
Mary R. Grealy 312 Severn Avenue E-413 Annapolis, MD 21403	American Hospital Association	02/09/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Washington Counsel	Aggregate Year-to-Date > \$ 500.00	
Robert C. Kidd II 3403 Yucca Rd. Cheyenne, WY 82001	Wyoming Hospital Association	02/09/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 500.00	
Kathleen D. Sanford R.N. 11707 Carriage Place Olalla, WA 98359-4270	Harrison Memorial Hospital	02/09/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Nursing	Aggregate Year-to-Date > \$ 250.00	
Thomas C. Dolan Ph.D 339 Cottage Hill Elmhurst, IL 60128-3332	American College of Healthcare Executives	02/09/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO	Aggregate Year-to-Date > \$ 500.00	
Kenneth A. Shull 236 Scret Cove Drive Lexington, SC 29072-6009	South Carolina Hospital Association	02/09/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 3,000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER 11 a i

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

NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward B. Case 327 Greenbriar Estates Drive Des Peres, MO 63122	BJC Health System	02/09/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive VP, Finance and Adminstr	Aggregate Year-to-Date > \$ 250.00	
Mary A. Pittman 317 N. Kenilworth Avenau Oak Park, IL 60302-2003	Hospital Research & Educational Trust	02/09/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 500.00	
John H. Andrews 504 Sarah Lane Suite C Creve Coeur, MO 63141	Missouri Hospital Association	02/09/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 500.00	
Roslyne D. Schulman 1000 S. Belarade Road Silver Spring, MD 20902-2801	American Hospital Association	02/09/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Associate Director	Aggregate Year-to-Date > \$ 250.00	
Jean Phillips Truscott RN 360 Broadway Bangor, ME 04401-3979	St. Joseph Healthcare	02/09/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Acute Care Services	Aggregate Year-to-Date > \$ 250.00	
Larry Walker 456 SE 16th Street Gresham, OR 97060	The Walker Company	02/09/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250.00	
Harvey M. Yorke 100 Hospital Drive Bennington, VT 05201-5012	Putnam Memorial Health Corp.	02/09/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)	2,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5
FOR LINE NUMBER 11 & 1

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marjorie Bayers One North Franklin Street Suite 32nd Chicago, IL 60606	American Organization of Nurse Executives	02/16/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Director	Aggregate Year-to-Date > \$ 750.00	
Diana J. Weaver RN 1675 Broadway 18th Floor New York, NY 10029	CSC Health Care	02/16/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior VP, Patient Services	Aggregate Year-to-Date > \$ 250.00	
Verena Jo Brilay-Hudson 1901 South First Street Temple, TX 76504-7451	Central Texas Veteran Health Care	02/16/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Administrator	Aggregate Year-to-Date > \$ 250.00	
Thomas Smith One Gustave Lane New York, NY 10029	The Mount Sinai Hospital	02/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Nursing	Aggregate Year-to-Date > \$ 250.00	
Judith R. Miller 24 D Alton Place Brookline, MA 02146	MG&A Healthcare Consultants	02/18/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Nurse Executive	Aggregate Year-to-Date > \$ 500.00	
Joyce Johnson 11704 Dinwiddle Drive Rockville, MD 20852-4462	Washington Hospital Center	02/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Patient Care	Aggregate Year-to-Date > \$ 250.00	
Martha Dawson 530 S. Jackson Street Louisville, KY 40202	University of Louisville Hospital	02/22/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chief Nurse Officer	Aggregate Year-to-Date > \$ 250.00	

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

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5
FOR LINE NUMBER 11 a 1

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Harness Lorbach One North Franklin Street Chicago, IL 60606	American Hospital Association	Payroll Deduction	23.81
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Deduction	(\$23.81
	Aggregate Year-to-Date > \$	273.81	Biweekly)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	23.81
TOTAL This Period (last page this line number only)	10,773.81

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 12

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

NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code NCHA HOSPAC - Federal P.O. Box 4449 Cary, NC 27519-4449	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	02/18/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,500.00		5,500.00
B. Full Name, Mailing Address and ZIP Code Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$		Date (month, day, year)	
C. Full Name, Mailing Address and ZIP Code Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Amount of Each Receipt this Period
Aggregate Year-to-Date > \$		Date (month, day, year)	
D. Full Name, Mailing Address and ZIP Code Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Amount of Each Receipt this Period
Aggregate Year-to-Date > \$		Date (month, day, year)	
E. Full Name, Mailing Address and ZIP Code Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Amount of Each Receipt this Period
Aggregate Year-to-Date > \$		Date (month, day, year)	
F. Full Name, Mailing Address and ZIP Code Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Amount of Each Receipt this Period
Aggregate Year-to-Date > \$		Date (month, day, year)	
G. Full Name, Mailing Address and ZIP Code Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Amount of Each Receipt this Period
Aggregate Year-to-Date > \$		Date (month, day, year)	

SUBTOTAL of Receipts This Page (optional)	5,500.00
TOTAL This Period (last page this line number only)	5,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CITIBANK P.O. Box 19748 Washington, DC 20038		02/26/88	277.17
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 577.72	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	277.17
TOTAL This Period (last page this line number only)	277.17

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 23

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

NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Luther for Congress Volunteer Committee 4009 Tenth Avenue Anoka, MN 55303	William P. Luther, U.S. HOUSE 8th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/02/99	500.00
Schumer 98 1551 East 23rd Street Brooklyn, NY 11210	Charles E. Schumer, U.S. SENATE NY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General Debt	02/05/99	5,000.00
Friends for Roy Blunt P.O. Box 278 Stafford, MO 65157	Roy Blunt, U.S. HOUSE 7th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/05/99	500.00
Jon Kyl for U.S. Senate P.O. Box 10246 Phoenix, AZ 85064-2046	Jon Kyl, U.S. SENATE AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/05/99	2,000.00
Rod Grams for U.S. Senate P.O. Box 1029 Anoka, MN 55303	Rod Grams, U.S. SENATE MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/05/99	1,000.00
Moore for Congress 8319 Mullan Lenexa, KS 66215	Dennis Moore, U.S. HOUSE 3rd KS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/05/99	500.00
Re-Elect Congressman Joe Moakley Committee P.O. Box 1073 Boston, MA 02205-0832	John Joseph Moakley, U.S. HOUSE 9th MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/08/99	500.00
Trust PAC PO Box 221543 Chantilly, VA 20151	1999 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	02/08/99	1,000.00
Jon Kyl for U.S. Senate P.O. Box 10246 Phoenix, AZ 85064-2046	Jon Kyl, U.S. SENATE AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/12/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

12,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 23

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

NAME OF COMMITTEE (in Full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and ZIP Code Friends of Mark Foley 7414 74th Way West Palm Beach, FL 33407</p>	<p>Purpose of Disbursement Mark Adam Foley, U.S. HOUSE 18th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 02/12/99</p>	<p>Amount of Each Disbursement This Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Diana DeGette for Congress, Inc. 770 Grant Street Suite 238 DENVER, CO 80203</p>	<p>Purpose of Disbursement Diana DeGette, U.S. HOUSE 1st CO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 02/12/99</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Torricelli for U.S. Senate, Inc. 1300 Connecticut Ave., NW Ste. 600 Washington, DC 20036</p>	<p>Purpose of Disbursement Robert G. Torricelli, U.S. SENATE NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002</p>	<p>Date (month, day, year) 02/12/99</p>	<p>Amount of Each Disbursement This Period 5,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Torricelli for U.S. Senate, Inc. 1300 Connecticut Ave., NW Ste. 600 Washington, DC 20036</p>	<p>Purpose of Disbursement Robert G. Torricelli, U.S. SENATE NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002</p>	<p>Date (month, day, year) 02/12/99</p>	<p>Amount of Each Disbursement This Period 5,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Democratic Senatorial Campaign Committee 430 S. Capitol Street, SE Washington, DC 20003</p>	<p>Purpose of Disbursement 1999 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999</p>	<p>Date (month, day, year) 02/22/99</p>	<p>Amount of Each Disbursement This Period 5,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Northern Light PAC, Inc. 1537 Shipsvlew Rd. Annapolis, MD 21401</p>	<p>Purpose of Disbursement 1999 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999</p>	<p>Date (month, day, year) 02/22/99</p>	<p>Amount of Each Disbursement This Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Kennedy for Senate 2000 426 C Street, NE Washington, DC 20002</p>	<p>Purpose of Disbursement Edward M. Kennedy, U.S. SENATE MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 02/22/99</p>	<p>Amount of Each Disbursement This Period 1,000.00</p>
<p>H. Full Name, Mailing Address and ZIP Code Friends for Harry Reid 509 Capitol Court, NE, #100 Washington, DC 20002</p>	<p>Purpose of Disbursement Harry M. Reid, U.S. SENATE NV Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General Debt</p>	<p>Date (month, day, year) 02/22/99</p>	<p>Amount of Each Disbursement This Period 4,000.00</p>
<p>I. Full Name, Mailing Address and ZIP Code Dick Armev Campaign Committee PO Box 85 Lawsville, TX 75067</p>	<p>Purpose of Disbursement Richard K. Armev, U.S. HOUSE 28th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 02/22/99</p>	<p>Amount of Each Disbursement This Period 1,000.00</p>

SUBTOTAL of Disbursements This Page (optional)

23,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4
FOR LINE NUMBER 23

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

NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Elect Tom Davis Congress 3817 Plaza Drive Fairfax, VA 22030	Thomas M. Davis, U.S. HOUSE 11th VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/22/99	500.00
Martin Frost Campaign Committee 555 New Jersey Avenue, N.W., Suite 201 Washington, DC 20001	Martin Frost, U.S. HOUSE 24th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/22/99	2,000.00
Matsui for Congress Committee P.O. Box 523024 Springfield, VA 22152	Robert T. Matsui, U.S. HOUSE 5th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/22/99	1,000.00
Moran for Congress P.O. Box 128 Hays, KS 67601	Jerry Moran, U.S. HOUSE 1st KS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/22/99	500.00
Doug Ose for Congress 455 Capitol Mall Sta. 801 Sacramento, CA 95814	Doug Ose, U.S. HOUSE 3rd CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/22/99	1,000.00
Stabenow for Congress 2709 South Dearfield Lansing, MI 48911	Debbie Stabenow, U.S. HOUSE 8th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/22/99	500.00
Friends of John Peterson PO Box 295 Pleasantville, PA 16341	John E. Peterson, U.S. HOUSE 5th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/22/99	500.00
Buck McKeon for Congress Committee 3869 Beech Down Drive Chantilly, VA 22021-3348	Howard P. McKeon, U.S. HOUSE 25th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/22/99	500.00
David McIntosh for Congress P.O. Box 2424 Muncie, IN 47307	David M. McIntosh, U.S. HOUSE 2nd IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/22/99	500.00

SUBTOTAL of Disbursements This Page (optional)

7,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 23

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Franks for Congress Committee P.O. Box 661 New Providence, NJ 07974	Bob Franks, U.S. HOUSE 7th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/22/99	1,000.00
Becerra for Congress PO Box 75214 Washington, DC 20013-5214	Xavier Becerra, U.S. HOUSE 30th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/22/99	500.00
Gene Green Congressional Campaign P.O. Box 75214 Washington, DC 20013-5214	Gene Green, U.S. HOUSE 29th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/26/99	500.00
Volunteers for Shimkus 1025 South Second St. Springfield, IL 62704	John M. Shimkus, U.S. HOUSE 20th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/26/99	500.00
Friends of Mike Forbes for Congress Committee Post Office Box 505 Farmingville, NY 11735	Michael P. Forbes, U.S. HOUSE 1st NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/28/99	500.00
Friends of J.C. Watts PO Box 720445 Norman, OK 73070	J.C. Watts, U.S. HOUSE 4th OK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/28/99	500.00
Levin for Congress Committee P.O. Box 6916 Falls Church, VA 22046	Sander M. Levin, U.S. HOUSE 12th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/26/99	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

4,500.00

TOTAL This Period (last page this line number only)

47,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 3-15-99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>SK</i> PREPARER	 3-18-99 DATE PREPARED