

**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

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

**SUBTOTAL** of Receipts This Page (optional) ..... **3,000.00**

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