FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Al Jackson, Treasurer
American Hospital Association Political
Action Committee (AHAPAC)
325 7th Street NW
Washington, DC 20007

MAR 22 2000

Identification Number: C00106146

Reference: Year End Report (7/1/99-12/31/99)

Dear Mr. Jackson:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a multicandidate committee and its affiliates from making a contribution to a candidate for federal office in excess of $5,000 per election.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of $5,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) from an organization(s) which is not a political committee registered with the Commission. In order for your committee to accept contributions from unregistered organizations into accounts used to influence federal elections, your committee should take steps to insure that the contributor(s) used permissible funds to make the contribution(s) to avoid violating 2 U.S.C. §§441a(f) and 441b or 11 CFR §102.5(b). Under 11 CFR §102.5(b), organizations which are not political committees under the Act and choose to contribute to federal committees must either: 1) establish a separate account which contains only those funds permitted under the Act, or 2) demonstrate through a reasonable accounting method that the organization has received sufficient funds subject to the limitations and prohibitions in order to make the contribution.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. In addition, please clarify whether the contribution(s) received from the referenced organization(s) is permissible. To the extent that your committee has received impermissible funds, the Commission recommends that you transfer the impermissible funds to an account not used to influence federal elections or refund the impermissible amount(s) to the donor(s) in accordance with 11 CFR §103.3(b). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. Should you choose to transfer-out or refund the contribution(s), the Commission will presume the funds were impermissible if no statement from your committee provides information to the contrary. Transfers-out and refunds should be disclosed on a Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of prohibited contributions, prompt action by your committee in transferring-out or refunding the amounts will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,

Angel L. Williamson

Angel L. Williamson
Reports Analyst
Reports Analysis Division

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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)

HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE - FEDERAL

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Santorum 2000 Finance Committee 1113 Whitner Road Reading, PA 19605	Contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	2/27/96	$ 250.00
B.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
C.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) ....

TOTAL This Period (last page this line number only) .... $ 250.00

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FEC/AN/91

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Health Alliance Political Action Committee - Federal

	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
A. Full Name, Mailing Address and Zip Code American Osteopathic Healthcare Assoc 5301 Wisconsin Avenue Suite 630 Washington, DC 20015	ARHA/PAC CAMPAIGN SUBURBAN GENERAL/NORRIS Disbursement For: ☐ Primary ☐ General ☐ Other (Specify) 1997	04/26/97	911.50
B. Full Name, Mailing Address and Zip Code Natl.Assn.of Psychiatric Health Systems 1317 F Street, NW Suite 301 Washington, DC 20004	Purpose of Disbursement Contribution Disbursement For: ☐ Primary ☐ General ☐ Other (Specify) 1997	04/04/97	300.00
C. Full Name, Mailing Address and Zip Code Santorum 2000 P. O. Box 853 Harrisburg, PA 17108	Purpose of Disbursement pdf outing, 3/15/97 Disbursement For: ☐ Primary ☐ General ☐ Other (Specify) 1997	04/29/97	2,000.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
SUB TOTAL of Disbursements this page (Optional) ---------- >			3,211.50
TOTAL this period (Last page this line number only) ---------- >			3,211.50

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

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FOR LINE NUMBER 23

SCHEDULE B ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code New Mexicans for Bill Redmond 1644 16th Street Los Alamos, NM 87544	Purpose of Disbursement Bill Redmond, U.S. HOUSE 3rd NM Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 05/28/97	Amount of Each Disb. this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Steve Rothman for Congress PO Box 714 Hackensack, NJ 07602	Purpose of Disbursement Steve Rothman, U.S. HOUSE 9th NJ Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 05/15/97	Amount of Each Disb. this Period 500.00
C. 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: [X] Primary [ ] General [ ] Other (Specify) 2000	Date (Month day,Year) 05/06/97	Amount of Each Disb. this Period 2,000.00
D. Full Name, Mailing Address and Zip Code Karen Thurman for Congress Committee P.O. Box 2616 Gainesville, FL 32602	Purpose of Disbursement Karen L. Thurman, U.S. HOUSE 5th FL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 05/05/97	Amount of Each Disb. this Period 500.00
E. Full Name, Mailing Address and Zip Code Gerry Weller for Congress P.O. Box 450 Morris, IL 60450	Purpose of Disbursement Gerald C. Weller, U.S. HOUSE 11th IL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 05/06/97	Amount of Each Disb. this Period 3,000.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
SUB TOTAL of Disbursements this page (Optional)			7,000.00
TOTAL this Period (last page this line number only)			39,850.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Hoyer for Congress 7905 Malcolm Road, Suite 102 Clinton, MD 20735	Steny H. Hoyer, U.S. HOUSE 5th MD [X] Primary [ ] General [ ] Other (specify) 2000	04/21/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Mascara for Congress P.O. Box 1109 Washington, PA 15301	Purpose of Disbursement Frank R. Mascara, U.S. HOUSE 20th PA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 04/21/99	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Murtha for ReElection Committee P.O. Box 1091 Johnstown, PA 15907	Purpose of Disbursement John P. Murtha, U.S. HOUSE 12th PA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 04/21/99	Amount of Each Disbursement This Period 1,000.00
D. 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: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 04/21/99	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Luther for Congress Volunteer Committee 4009 Tenth Avenue Anoka, MN 55303	Purpose of Disbursement William P. Luther, U.S. HOUSE 6th MN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 04/21/99	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Pallone for Congress P.O. Box 3178 Long Branch, NJ 07740	Purpose of Disbursement Frank Pallone, U.S. HOUSE 6th NJ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 04/21/99	Amount of Each Disbursement This Period 2,500.00
G. Full Name, Mailing Address and ZIP Code Friends of Slade Gorton 2366 Eastlake Avenue East, Suite 314 Seattle, WA 98102	Purpose of Disbursement Slade Gorton, U.S. SENATE WA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 04/21/99	Amount of Each Disbursement This Period 4,000.00
H. Full Name, Mailing Address and ZIP Code Ensign for Senate 4012 South Rainbow Boulevard Las Vegas, NV 89103	Purpose of Disbursement John Ensign, U.S. Senate Candidate NV Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 04/28/99	Amount of Each Disbursement This Period 5,000.00
I. Full Name, Mailing Address and ZIP Code Hatch Election Committee 425 2nd Street, NE Washington, DC 20002	Purpose of Disbursement Orrin G. Hatch, U.S. SENATE UT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 04/28/99	Amount of Each Disbursement This Period 3,000.00

SUBTOTAL of Disbursements This Page (optional) 19,000.00

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

FEC FORM 3

SCHEDULE B — ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page — PAGE 3 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	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Leadership 21 5501 Cherokee Ave. Ste. 112 Alexandria, VA 22312	1999 Contribution Primary / General / Other (specify) 1999	12/13/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Delahunt for Congress Committee 300 Victory Road Quincy, MA 02171	Purpose of Disbursement William Delahunt, U.S. HOUSE 10th MA Primary (X) / General / Other (specify) 2000	12/15/99	4,500.00
C. Full Name, Mailing Address and ZIP Code Delahunt for Congress Committee 300 Victory Road Quincy, MA 02171	Purpose of Disbursement William Delahunt, U.S. HOUSE 10th MA General (X) / Other (specify) 2000	12/15/99	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 Primary (X) / General / Other (specify) 2000	12/15/99	500.00
E. Full Name, Mailing Address and ZIP Code America Works Committee 607 14th Street, NW Ste. 500 Washington, DC 20005	Purpose of Disbursement 1999 Contribution Primary / General / Other (specify) 1999	12/15/99	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 Primary (X) / General / Other (specify) 2000	12/15/99	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 Primary / General / Other (specify) 1999	12/15/99	2,000.00
H. Full Name, Mailing Address and ZIP Code Santorum 2000 P.O. Box 10499 Pittsburgh, PA 15234	Purpose of Disbursement Rick Santorum, U.S. SENATE PA Primary (X) / General / Other (specify) 2000	12/20/99	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 Primary / General / Other (specify) 1999	12/20/99	1,000.00
SUBTOTAL of Disbursements this Page (optional)			15,000.00
TOTAL This Period (last page this line number only)			

FEC Form 3 (6/97)

20035073429

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 1 OF 1 | FOR LINE NUMBER 17

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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 14678 Minneapolis, MN 55414 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Education Fund Aggregate Year-to-Date $ 7,096.62	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 7,096.62
B. Full Name, Mailing Address and ZIP Code CITIBANK P.O. Box 19748 Washington, DC 20036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 4,443.93	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period 609.03
C. 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
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)			7,705.65
TOTAL This Period (last page this line number only)			7,705.65