

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

JUN 15 10 06 AM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

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

4. TYPE OF REPORT


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

- Monthly Report Due On:
 February 20 June 30 October 30
 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
6. Covering Period <u>05/01/99</u> through <u>05/31/99</u>			
6. (a)	Cash on Hand January 1, 19 <u>99</u>		\$ 229,099.56
(b)	Cash on Hand at Beginning of Reporting Period	\$ 213,714.44	
(c)	Total Receipts (from Line 19)	\$ 59,500.12	\$ 202,264.50
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 273,214.56	\$ 431,364.06
7.	Total Disbursements (from Line 30)	\$ 48,763.34	\$ 206,912.84
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 224,451.22	\$ 224,451.22
9.	Debts 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 20483 Toll Free 800-424-6530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			

Type or Print Name of Treasurer
Al Jackson

Signature of Treasurer  Date **6/14/99**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8437g.

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	TO:	
	05/01/99	05/31/99	
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)	12,564.02	58,189.11	11(a)(i)
ii. Unitemized	11,679.62	45,341.33	11(a)(ii)
Total (add i and ii) >	24,243.64	113,530.44	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 ii, b and c) >	24,243.64	113,530.44	11(d)
12. Transfers From Affiliated/Other Party Committees	35,000.00	87,355.72	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.)	256.48	1,378.34	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) >	59,500.12	202,264.50	19
20. Total Federal Receipts (subtract line 18 from line 19) >	59,500.12	202,264.50	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	213.34	11,837.84	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	213.34	11,837.84	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	48,550.00	195,075.00	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) >	48,763.34	206,912.84	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	48,763.34	206,912.84	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	24,243.64	113,530.44	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	24,243.64	113,530.44	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	213.34	11,837.84	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	213.34	11,837.84	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
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

<p>A. Full Name, Mailing Address and ZIP Code Scarlet L. Cardwell 101 Manning Drive Chapel Hill, NC 27514-4220</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer University of North Carolina Hospitals</p> <p>Occupation Social Work Director</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 05/04/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Carol Bradley RN 100 W. California Blvd. Pasadena, CA 91109-3097</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Huntington Memorial Hospital</p> <p>Occupation Nurse Executive</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 05/04/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Gary W. Mitchell 900 S. Locust Shattuck, OK 73858-9208</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Newman Memorial Hospital</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 05/13/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Craig W. Jones 1904 Windermere Drive Norman, OK 73072-5200</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Oklahoma Hospital Association</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 05/13/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Patricia Davis 4414 Manchester Court Norman, OK 73072</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Oklahoma Hospital Association</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 250.25</p>	<p>Date (month, day, year) 05/13/99</p>	<p>Amount of Each Receipt this Period 250.25</p>
<p>F. Full Name, Mailing Address and ZIP Code Ben Underwood 5454 Yorktowne Drive Atlanta, GA 30348-5317</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Talbot Recovery Campus</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 05/13/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Glenn Pearson 680 Crossfire Ridge Marietta, GA 30064-8378</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 Executive VP</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 05/13/99</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional) 2,500.25

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 8
FOR LINE NUMBER 11 a 1

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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
Ronnie D. Walker PO Box 701 Weatherford, OK 73098-5499	Southwestern Memorial Hospital	05/13/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 275.00	
Dorothy B. Naylor 190 Hunting Creek Drive Marietta, GA 30068	Georgia Hospital Association	05/13/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Vice President	Aggregate Year-to-Date > \$ 250.00	
Donald Faulk 300 Lockchapee Drive Macon, GA 31210-2666	Medical Center of Central Georgia	05/13/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Hospital Management	Aggregate Year-to-Date > \$ 250.00	
Michael E. Garrigan 2122 Manchester Expressway P.O. Box 7000 Columbus, GA 31904-6878	St. Francis Hospital, Inc.	05/13/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Hospital CEO	Aggregate Year-to-Date > \$ 250.00	
W. Daniel Barker 50 South Prado NE Atlanta, GA 30309-3309	American Hospital Association	05/13/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Hospital Management	Aggregate Year-to-Date > \$ 250.00	
Craig Cudworth 2302 Cardinal Lane Poteau, OK 74853-2035	Eastern Oklahoma Medical Center	05/13/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chief Executive Officer	Aggregate Year-to-Date > \$ 225.00	
Paul Dougherty 9912 Harvest Hills Road Oklahoma City, OK 73112-2099	Deaconess Hospital	05/13/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/COO	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) **1,850.00**

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 6
FOR LINE NUMBER 11 a 1

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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
Sheryl Ray McLain 1305 Carlton Road Edmond, OK 73105	OHA	05/13/99	250.01
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Communications	Aggregate Year-to-Date > \$ 250.01	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brent Nielsen 2926 E. 94th Placa South #1224 Tulsa, OK 74137	Hillicrest HealthCare System	05/13/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Corporate Vice President	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dwight L. Fine 12675 Riviera Heights Rd. Holts Summit, MO 65043-2038	Missouri Hospital Association	05/24/99	55.56
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 277.76	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathleen M. Whyte 307 Park Lake Circle Orlando, FL 32803-3923	Florida Hospital Association	05/28/99	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP/Federal Relations	Aggregate Year-to-Date > \$ 600.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley F. Hupfeld 6701 Avondale Oklahoma City, OK 73116-6001	Integrus Health	05/26/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard A. Lind 770 W. Grandad Blvd. Suite 301 Ormond Beach, FL 32174-5188	Memorial Health Systems	05/28/99	800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/CEO	Aggregate Year-to-Date > \$ 800.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark R. Neeman 283 W. Onentsia Road Lake Forest, IL 60045-1718	Evanston Northwestern Healthcare	05/28/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President and CEO	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

2,330.57

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 6
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 Richard E. Hudson 6333 Cape Cod Drive Columbus, GA 31904-271 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer St. Francis Hospital	Date (month, day, year) 05/26/99	Amount of Each Receipt this Period 250.00
	Occupation President	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code D. Wayne Martin 722 East 15th Street Cordele, GA 31015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Crisp Regional Hospital	Date (month, day, year) 05/26/99	Amount of Each Receipt this Period 250.00
	Occupation Hospital Administrator	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Charles F. Pierce Jr. PO Box 531107 Orlando, FL 32853-1107 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Florida Hospital Association	Date (month, day, year) 05/26/99	Amount of Each Receipt this Period 1,600.00
	Occupation President	Aggregate Year-to-Date > \$ 1,600.00	
D. Full Name, Mailing Address and ZIP Code John E. Mines 1991 Killamey Drive Winter Park, FL 32789 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Florida Hospital Association	Date (month, day, year) 05/26/99	Amount of Each Receipt this Period 800.00
	Occupation VP, FHAMC	Aggregate Year-to-Date > \$ 800.00	
E. Full Name, Mailing Address and ZIP Code J. Larry Read 2414 Ridgecrest Augusta, GA 30907 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer University Hospital	Date (month, day, year) 05/26/99	Amount of Each Receipt this Period 250.00
	Occupation Administrator	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Charles L. Foster Jr., FACHE 1514 Vernon Road Lagrange, GA 30240-4130 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer West Georgia Medical Center	Date (month, day, year) 05/26/99	Amount of Each Receipt this Period 270.10
	Occupation Board Member	Aggregate Year-to-Date > \$ 270.10	
G. Full Name, Mailing Address and ZIP Code Jack Schroder 3630 Tanglawood Drive NW Atlanta, GA 30339-3400 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Alston & Bird	Date (month, day, year) 05/26/99	Amount of Each Receipt this Period 250.00
	Occupation CEO	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) 3,670.10

TOTAL This Period (Just page this line number only) 3,670.10

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 6
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and ZIP Code Ken B. Beverly 910 South Broad Street Thomasville, GA 31792-6113</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Archbold Medical Center</p> <p>Occupation President & CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 05/26/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Richmond M. Harman 1706 N. E. Ocean Blvd. Stuart, FL 34996-2927</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Martin Memorial Health System Stuart</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$ 800.00</p>	<p>Date (month, day, year) 05/26/99</p>	<p>Amount of Each Receipt this Period 800.00</p>
<p>C. Full Name, Mailing Address and ZIP Code William E. Kessler 1216 North Hanser Lane Godfrey, IL 62035-0340</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Saint Anthony's Health Center</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 05/26/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Gerald N. Fuiks 675 White Sulphur Road PO Box 1354 Gainesville, GA 30503</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Lanier Park Hospital</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 05/26/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Craig Cudworth 2302 Cardinal Lane Poteau, OK 74953-2035</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Eastern Oklahoma Medical Center</p> <p>Occupation Chief Executive Officer</p> <p>Aggregate Year-to-Date > \$ 350.00</p>	<p>Date (month, day, year) 05/26/99</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Robert C. Kelly 925 Rocky Shoals Road Midland, GA 31820</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer St. Francis Hospital</p> <p>Occupation Senior Vice President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 05/26/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Keith Steffen 8 Kara Court Washington, IL 61571</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer OSF Saint Francis</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 05/26/99</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional) 2,175.00

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 **6** OF **6**
FOR LINE NUMBER **11 a i**

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NAME OF COMMITTEE (In Full)
American Hospital Association FAG

A. Full Name, Mailing Address and ZIP Code Richard J. Davidson 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Hospital Association	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 95.24 (\$47.62 Biweekly)
	Occupation President Aggregate Year-to-Date > \$ 333.34		
B. Full Name, Mailing Address and ZIP Code Barbara Harness Lorabach One North Franklin Street Chicago, IL 60606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Hospital Association	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
	Occupation Vice President Aggregate Year-to-Date > \$ 415.67		
C. Full Name, Mailing Address and ZIP Code Richard J. Pollack 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Hospital Association	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 95.24 (\$47.62 Biweekly)
	Occupation Executive Vice President Aggregate Year-to-Date > \$ 333.34		
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) **238.10**

TOTAL This Period (last page this line number only) **12,564.02**

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 Pennsylvania HOSPAC 4750 Lindle Road Harrisburg, PA 17111-2428	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/06/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 25,000.00		10,000.00
B. Full Name, Mailing Address and ZIP Code California Healthcare Association PAC PO Box 1100 Sacramento, CA 95812-1100	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/24/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 37,500.00		25,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) 35,000.00

TOTAL This Period (last page this line number only) 35,000.00

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 CITIBANK P.O. Box 19748 Washington, DC 20036	Name of Employer Occupation	Date (month, day, year) 05/28/99	Amount of Each Receipt this Period 256.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,378.34	
B. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
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
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
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
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
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
Occupation		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 256.48

TOTAL This Period (last page this line number only) 256.48

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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 American Express Ste. 001 Chicago, IL 60679	Purpose of Disbursement Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/07/99	Amount of Each Disbursement This Period 8.41
B. Full Name, Mailing Address and ZIP Code Mellon Bank, NA Merchant Card Services 2 Mellon Bank Ctr., Rm. 152-0515 Pittsburgh, PA 15259-0001	Purpose of Disbursement Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/17/99	Amount of Each Disbursement This Period 186.41
C. 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
D. 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
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each 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)

194.82

TOTAL This Period (last page this line number only)

194.82

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5
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
A Lot of People Who Support Jeff Bingaman P.O. Box 2048 Albuquerque, NM 87103	Jeff Bingaman, U.S. SENATE NM Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/04/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Billrakis for Congress P.O. Box 1077 Tarpon Springs, FL 34688	Michael Bilirakis, U.S. HOUSE 9th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/04/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Gary Miller for Congress Cmte 721 S. Brea Canyon Rd #7 Diamond Bar, CA 91789	Gary G. Miller, U.S. HOUSE 41st CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/04/99	500.00
D. Full Name, Mailing Address and ZIP Code Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/04/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Crane for Congress Committee P. O. Box 8534 Rolling Meadows, IL 60008-8534	Philip M. Crane, U.S. HOUSE 8th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/04/99	1,000.00
F. Full Name, Mailing Address and ZIP Code 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	05/06/99	250.00
G. Full Name, Mailing Address and ZIP Code Maloney-Congress 1325 East Main Street Waterbury, CT 06705	Jim Maloney, U.S. HOUSE 5th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/07/99	500.00
H. Full Name, Mailing Address and ZIP Code Friends Of John Paterson 248 N Main Street Pleasantville, PA 16341	John E. Paterson, U.S. HOUSE 5th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/07/99	100.00
I. Full Name, Mailing Address and ZIP Code Lazio for Congress 3869 Beech Down Drive Chantilly, VA 22021-3348	Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/07/99	5,000.00

SUBTOTAL of Disbursements This Page (optional)

10,350.00

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 5
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gutknecht for U.S. Congress P.O. Box 6428 Rochester, MN 55903-6428	GII Gutknecht, U.S. HOUSE 1st MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/12/99	500.00
B. Full Name, Mailing Address and ZIP Code John D. Dingell for Congress Committee 555 New Jersey Avenue, N.W., Suite 201 Washington, DC 20001	Purpose of Disbursement John D. Dingell, U.S. HOUSE 16th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/12/99	200.00
C. Full Name, Mailing Address and ZIP Code Congressional Majority Committee 3 Lenox Street Chevy Chase, MD 20815	Purpose of Disbursement 1999 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	05/14/99	5,000.00
D. Full Name, Mailing Address and ZIP Code Walden for Congress P.O. Box 1091 Hood River, OR 97031	Purpose of Disbursement Grag Walden, U.S. HOUSE 2nd OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/14/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Walden for Congress P.O. Box 1091 Hood River, OR 97031	Purpose of Disbursement Greg Walden, U.S. HOUSE 2nd OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/14/99	500.00
F. Full Name, Mailing Address and ZIP Code Karen Thurman for Congress Committee P.O. Box 2816 Gainesville, FL 32602	Purpose of Disbursement Karen L. Thurman, U.S. HOUSE 5th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/14/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Pascrell for Congress 63 Quartz Lane Paterson, NJ 07501	Purpose of Disbursement Bill Pascrell, U.S. HOUSE 8th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/14/99	500.00
H. Full Name, Mailing Address and ZIP Code Menendez for Congress P.O. Box 523024 Springfield, VA 22152	Purpose of Disbursement Robert Menendez, U.S. HOUSE 13th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/14/99	1,000.00
I. Full Name, Mailing Address and ZIP Code John Lewis for Congress Committee P.O. Box 1491 Atlanta, GA 30301	Purpose of Disbursement John Lewis, U.S. HOUSE 5th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/14/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

10,700.00

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 5
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hooley for Congress 8404 Falling Street West Linn, OR 97068	Darlene Hooley, U.S. HOUSE 5th OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/14/99	1,000.00
B. Full Name, Mailing Address and ZIP Code People for English Committee P.O. Box 1940 Erie, PA 16512	Phil English, U.S. HOUSE 21st PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/14/99	5,000.00
C. Full Name, Mailing Address and ZIP Code Congressman Floyd Spence 4451 Brookfield Corporate Drive, #200 Chantilly, VA 22021-1652	Floyd D. Spence, U.S. HOUSE 2nd SC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1996 General Debt	05/14/99	1,500.00
D. Full Name, Mailing Address and ZIP Code 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	05/20/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Baker For Congress Committee 9132 Highland Garden Road Baton Rouge, LA 70811	Richard H. Baker, U.S. HOUSE 6th LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/21/99	500.00
F. Full Name, Mailing Address and ZIP Code 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	05/21/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Mark Foley 7414 74th Way West Palm Beach, FL 33407	Mark Adam Foley, U.S. HOUSE 16th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/21/99	1,000.00
H. Full Name, Mailing Address and ZIP Code Shadegg for Congress P.O. Box 45444 Phoenix, AZ 85064	John Shadegg, U.S. HOUSE 4th AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/21/99	500.00
I. Full Name, Mailing Address and ZIP Code TEXAS FOR LAMAR SMITH 5701 Broadway San Antonio, TX 78209-2136	Lamar Smith, U.S. HOUSE 21st TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/21/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

12,500.00

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 4 OF 5
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Norwood for Congress 3914 Mulliken Road Evans, GA 30809	Charles W. Norwood, U.S. HOUSE 10th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/21/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Committee to Re-elect Congressman Thomas Ewing 1350 Eye Street, N.W., Suite 870 Washington, DC 20005	Thomas W. Ewing, U.S. HOUSE 15th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/21/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Fletcher for Congress PO Box 4703 Lexington, KY 40544	Ernest Fletcher, U.S. HOUSE 8th KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/21/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Anne Northup for Congress 3340 Lexington Road Louisville, KY 40206	Anne M. Northup, U.S. HOUSE 3rd KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/21/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Doyle For Congress Committee 2227 Hampton St Pittsburgh, PA 15218	Michael F. Doyle, U.S. HOUSE 18th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/21/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Ed Towns P.O. Box 2884 Washington, DC 20013	Edolphus Towns, U.S. HOUSE 10th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/25/99	500.00
G. Full Name, Mailing Address and ZIP Code Friends of John Boehner 790 North Vermont Street Arlington, VA 22203	John A. Boehner, U.S. HOUSE 8th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/25/99	2,500.00
H. Full Name, Mailing Address and ZIP Code DeWine for U.S. Senate 8 East Broad Street, 15th Floor Columbus, OH 43215	Mike DeWine, U.S. SENATE OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/25/99	2,500.00
I. Full Name, Mailing Address and ZIP Code Craig Thomas for Senate Committee Post Office Box 1580 Casper, WY 82602	Craig Thomas, U.S. Senate WY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/28/99	3,000.00

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) for each category of the Detailed Summary Page

PAGE 5 OF 5
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nussle for Congress Committee P.O. Box 2128 Waterloo, IA 50704	Jim Nussle, U.S. HOUSE 2nd IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/28/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Don Payne for Congress P.O. Box 85873 Washington, DC 20035-5873	Donald M. Payne, U.S. HOUSE 10th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/28/99	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

1,500.00

TOTAL This Period (last page this line number only)

48,550.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 6-16-99
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>See</i>	6-16-99
PREPARER	DATE PREPARED