

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 20 3 58 PM '98

1. NAME OF COMMITTEE (If full) American Hospital Association PAC		2. FEC IDENTIFICATION NUMBER 000106146
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 325 7th Street, NW		
CITY, STATE and ZIP CODE Washington, DC 20004		3. <input 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)

Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>04/01/98</u> through <u>04/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 510,304.30
(b) Cash on Hand at Beginning of Reporting Period	\$ 482,129.17	
(c) Total Receipts (from line 18)	\$ 43,307.26	\$ 158,755.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 525,436.43	\$ 669,059.31
7. Total Disbursements (from Line 30)	\$ 82,755.52	\$ 226,378.40
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 442,680.91	\$ 442,680.91
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 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 <i>Al Jackson</i>		Date <i>5/12/98</i>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (11/1/91)

NAME OF COMMITTEE American Hospital Association PAC	REPORT COVERING PERIOD	
	FROM: 04/01/98	TO: 04/30/98
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).....	7,823.77	54,117.11
II. Unitemized.....	9,559.56	51,310.47
III. Total.....(add i and ii)>	17,382.33	105,427.58
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....(add all, b and c)>	17,382.33	105,427.58
12. Transfers From Affiliated/Other Party Committees.....	20,250.00	43,580.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5,000.00	6,650.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	674.93	3,097.43
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18)>	43,307.26	158,755.01
20. Total Federal Receipts.....(subtract line 18 from line 19)>	43,307.26	158,755.01
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	24,202.39	43,675.27
c. Total Operating Expenditures.....(Add ai, aii, and b)>	24,202.39	43,675.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58,553.13	180,203.13
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441ald) (use Schedule F)....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	500.00
d. Total Contribution Refunds.....(Add a, b, and c)>	0.00	500.00
29. Other Disbursements.....	0.00	2,000.00
30. Total Disbursements.....(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)>	82,755.52	226,378.40
31. Total Federal Disbursements.....(Subtract line 21 all from line 30)>	82,755.52	226,378.40
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	17,382.33	105,427.58
33. Total Contribution Refunds (from line 28d).....	0.00	500.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	17,382.33	104,927.58
35. Total Federal Operating Expenditures.....(add 21 ai and 21 bi)>	24,202.39	43,675.27
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35)>	24,202.39	43,675.27

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	4
FOR LINE NUMBER		
11 of 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 Kathleen White 601 Dr. Martin Luther King Albuquerque, NM 87125	Name of Employer St. Joseph Medical Center Occupation Vice President Clinical Integration	Date (Month day, Year) 04/07/98	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 550.00		
B. Full Name, Mailing Address and Zip Code Fred Farley 600 Roe Avenue Elmira, NY 14905	Name of Employer Arnot Ogden Medical Center Occupation Vice President	Date (Month day, Year) 04/07/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
C. Full Name, Mailing Address and Zip Code Joyce C. Clifford 330 Brookline Avenue Boston, MA 02215-5400	Name of Employer Beth Israel Deaconess Medical Center Occupation Senior VP, Nursing	Date (Month day, Year) 04/07/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 325.00		
D. Full Name, Mailing Address and Zip Code Barbara W. Moore 4860 Lagons Circle Bloomfield, MI 48323	Name of Employer Mercy Health Services Occupation RP Prof. Svcs	Date (Month day, Year) 04/07/98	Amount of Each Receipt this Period 325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 325.00		
E. Full Name, Mailing Address and Zip Code Joseph C. Maher Jr. One Post Office Square Boston, MA 02109	Name of Employer Foley, Hoag, & Elliot Occupation Lawyer	Date (Month day, Year) 04/07/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
F. Full Name, Mailing Address and Zip Code Curtis Shipley 1125 North College Avenue Fayetteville, AR 72703-1994	Name of Employer Washington Regional Medical Center Occupation Director	Date (Month day, Year) 04/07/98	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
G. Full Name, Mailing Address and Zip Code Dorothy B. Naylor Georgia Hospital Association 1675 Terrell Mill Road Marietta, GA 30067	Name of Employer Georgia Hospital Association Occupation Executive Vice President	Date (Month day, Year) 04/16/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		

SUB TOTAL 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

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FOR LINE NUMBER **11 a i**

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and Zip Code Charles L. Foster Jr., FACHE 1514 Vernon Road La Grange, GA 30240-4130</p>	<p>Name of Employer West Georgia Medical Center</p> <p>Occupation Board Member</p>	<p>Date (Month day, Year) 04/16/98</p>	<p>Amount of Each Receipt this Period 282.10</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 282.10</p>	
<p>B. Full Name, Mailing Address and Zip Code Wayne Martin 722 East 15th Street Cordele, GA 31015</p>	<p>Name of Employer Crisp Regional Hospital</p> <p>Occupation Hospital Administrator</p>	<p>Date (Month day, Year) 04/16/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 250.00</p>	
<p>C. Full Name, Mailing Address and Zip Code Glenn Pearson 660 Crossfire Ridge Marietta, GA 30067</p>	<p>Name of Employer Georgia Hospital Association</p> <p>Occupation Executive VP</p>	<p>Date (Month day, Year) 04/16/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 250.00</p>	
<p>D. Full Name, Mailing Address and Zip Code Jon M. Gates United Medical Center 300 East 23rd Street Cheyenne, WY 82001-3790</p>	<p>Name of Employer United Medical Center</p> <p>Occupation Administrator/CEO</p>	<p>Date (Month day, Year) 04/17/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 250.00</p>	
<p>E. Full Name, Mailing Address and Zip Code Ross Hooper Crittenden Memorial Hospital 200 Tyler Street West Memphis, AR 72301</p>	<p>Name of Employer Crittenden Memorial Hospital</p> <p>Occupation CEO</p>	<p>Date (Month day, Year) 04/22/98</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 300.00</p>	
<p>F. Full Name, Mailing Address and Zip Code David Hill 1228 Euclid Avenue Cleveland, OH 44115-1831</p>	<p>Name of Employer Cleveland Clinic Foundation</p> <p>Occupation Trustee</p>	<p>Date (Month day, Year) 04/22/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 250.00</p>	
<p>G. Full Name, Mailing Address and Zip Code Charles P. Swisher 4444 Forest Park Avenue Saint Louis, MO 63108-2212</p>	<p>Name of Employer BJC Health System</p> <p>Occupation Director, State Relations</p>	<p>Date (Month day, Year) 04/22/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 500.00</p>	

SUB TOTAL of Receipts This Page (Optional).....> **2,082.10**

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

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code Scarlet L. Cardwell 101 Manning Drive Chapel Hill, NC 27514-4220	Name of Employer University of North Carolina Hospitals Occupation Social Work Director	Date (Month day, Year) 04/21/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
B. Full Name, Mailing Address and Zip Code Michael Fay P. O. Box 873 Hibbing, MN 55746-0873	Name of Employer Fairview Hospital Healthcare SVC Occupation Board Member	Date (Month day, Year) 04/24/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
C. Full Name, Mailing Address and Zip Code Richard A. Lind 4 Willow Oak Trail Ormond Beach, FL 32174-5131	Name of Employer Memorial Health Systems Occupation President/CEO	Date (Month day, Year) 04/27/98	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 400.00		
D. Full Name, Mailing Address and Zip Code Neil H. Whipkey 5429 College Dr. Graceville, FL 32440-1897	Name of Employer Campbellton-Graceville Hospital Occupation Administrator	Date (Month day, Year) 04/27/98	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 400.00		
E. Full Name, Mailing Address and Zip Code John E. Mines 1991 Killarney Drive Winter Park, FL 32789	Name of Employer Florida Hospital Association Occupation VP, FHAMC	Date (Month day, Year) 04/27/98	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 600.00		
F. Full Name, Mailing Address and Zip Code Kenneth M. Rutledge 11122 SW Southridge Portland, OR 97219-2543	Name of Employer Oregon Association of Hospitals & Health Systems Occupation President	Date (Month day, Year) 04/29/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
G. Full Name, Mailing Address and Zip Code Jeffrey S. Drop P. O. Box 574 Pendleton, OR 97801-3297	Name of Employer St. Anthony Hospital Occupation President/CEO	Date (Month day, Year) 04/29/98	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		

SUB TOTAL of Receipts This Page (Optional).....> **2,525.00**

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

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code John G. King 1919 N.W. Lovejoy St. Portland, OR 97209	Name of Employer Legacy Health System	Date (Month day, Year) 04/29/98	Amount of Each Receipt this Period 250.00
	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
B. Full Name, Mailing Address and Zip Code Michael C. Waters 1242 North 19th Street Abilene, TX 79601-2316	Name of Employer Hendrick Health System	Date (Month day, Year) 04/29/98	Amount of Each Receipt this Period 500.00
	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
C. Full Name, Mailing Address and Zip Code Michael J. Hill 125 Airport Road Concord, NH 03301-5388	Name of Employer New Hampshire Hospital Association	Date (Month day, Year) 04/30/98	Amount of Each Receipt this Period 250.00
	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
D. Full Name, Mailing Address and Zip Code Richard J. Pollack American Hospital Association 325 7th Street, NW Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 41.67
	Occupation Executive Vice President	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.02		(\$41.67 Biweekly)
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 > \$		

SUB TOTAL of Receipts This Page (Optional).....>	1,041.67
TOTAL this Period (Last page this line number only).....>	7,823.77

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code 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	04/08/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		10,000.00
B. Full Name, Mailing Address and Zip Code The Hospital Association of Pennsylvania PAC 4750 Lindle Road Harrisburg, PA 17105		Date (Month day, Year)	Amount of Each Receipt this Period
Name of Employer Occupation		04/16/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		10,000.00
C. Full Name, Mailing Address and Zip Code Texas Hospital Association - PAC P.O. Box 15587 Austin, TX 78761-5587	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	04/29/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
D. Full Name, Mailing Address and Zip Code		Date (Month day, Year)	Amount of Each Receipt this Period
Name of Employer 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		Date (Month day, Year)	Amount of Each Receipt this Period
Name of Employer 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		Date (Month day, Year)	Amount of Each Receipt this Period
Name of Employer 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		Date (Month day, Year)	Amount of Each Receipt this Period
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	20,250.00
TOTAL this Period (Last page this line number only).....>	20,250.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code Pascarell for Congress 63 Quartz Lane Paterson, NJ 07501-3346	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation REFUND	04/07/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Aggregate Year-to-date > \$ 3,000.00		3,000.00
B. Full Name, Mailing Address and Zip Code Kit Bond for U.S. Senate 507 Capitol Court NW #100 Washington, DC 20002-4937	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation REFUND	04/07/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Aggregate Year-to-date > \$ 500.00		500.00
C. Full Name, Mailing Address and Zip Code Congressman Bart Gordon Committee PO Box 2008 Murfreesboro, TN 37133-2008	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation REFUND	04/09/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Aggregate Year-to-date > \$ 500.00		500.00
D. Full Name, Mailing Address and Zip Code Whitfield for Congress Committee PO Box 391 Hopkinsville, KY 42241-0391	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation REFUND	04/20/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Aggregate Year-to-date > \$ 1,000.00		1,000.00
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 > \$		

SUB TOTAL of Receipts This Page (Optional).....>	5,000.00
TOTAL this Period (Last page this line number only).....>	5,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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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 CITIBANK P.O. Box 19748 Washington, DC 20036	Name of Employer Occupation	Date (Month day, Year) 04/30/98	Amount of Each Receipt this Period 674.93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 3,197.43		
B. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....> **674.93**

TOTAL this Period (Last page this line number only).....> **674.93**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21R

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 Disb. this Period
AMERICAN VIEWPOINT, INC. 300 N. Washington St. Ste. 505 Alexandria, VA 22314	Polling Services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	04/01/98	13,000.00
AMERICAN VIEWPOINT, INC. 300 N. Washington St. Ste. 505 Alexandria, VA 22314	Portion In-Kinded to Whitfield (KY). See line 23. Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/01/98	-4,875.00
AMERICAN EXPRESS Ste. 001 Chicago, IL 60679	Service Charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	04/13/98	84.34
WIRTELIN WORLDWIDE 1363 Beverly Road McLean, VA 22101	Polling Services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	04/14/98	7,800.00
MELLON BANK, NA Merchant Card Services 2 Mellon Bank Cir., Rm. 152-0515 Pittsburgh, PA 15259-0001	Service Charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	04/15/98	38.40
PUBLIC OPINION STRATEGIES 1033 North Fairfax Suite 120 Alexandria, VA 22314	Polling Services Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/20/98	13,000.00
PUBLIC OPINION STRATEGIES 1033 North Fairfax Suite 120 Alexandria, VA 22314	Portion In-Kinded to Fred Upton (MI). See line 23 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/21/98	-4,875.00
AMERICAN EXPRESS Ste. 001 Chicago, IL 60679	Service Charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	04/27/98	0.81
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		

SUB TOTAL of Disbursements this page (Optional).....>	24,173.55
TOTAL this Period (Last page this line number only).....>	24,173.55

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and Zip Code AMERICAN VIEWPOINT, INC. 300 N. Washington St. Ste. 505 Alexandria, VA 22314</p>	<p>Purpose of Disbursement In-Kind to Whitfield U.S. House 1st KY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 04/01/98</p>	<p>Amount of Each Disb. this Period 4,875.00</p>
<p>B. Full Name, Mailing Address and Zip Code WYDEN FOR SENATE 501 Capitol Court, NE Suite 200 Washington, DC 20002</p>	<p>Purpose of Disbursement Ron Wyden, U.S. SENATE OR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 04/03/98</p>	<p>Amount of Each Disb. this Period 1,500.00</p>
<p>C. Full Name, Mailing Address and Zip Code LAZIO FOR CONGRESS 3869 Beech Down Drive Chantilly, VA 22021-3348</p>	<p>Purpose of Disbursement Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 04/03/98</p>	<p>Amount of Each Disb. this Period 3,150.00</p>
<p>D. Full Name, Mailing Address and Zip Code HOOSIERS FOR TIM ROEMER 555 New Jersey Avenue, N.W., Suite 201 Washington, DC 20001</p>	<p>Purpose of Disbursement Tim Roemer, U.S. HOUSE 3rd IN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 04/03/98</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code MORAN FOR CONGRESS P.O. Box 128 Hays, KS 67601</p>	<p>Purpose of Disbursement Jerry Moran, U.S. HOUSE 1st KS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 04/03/98</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code DOYLE FOR CONGRESS P.O. Box 17426 Pittsburgh, PA 15235</p>	<p>Purpose of Disbursement Michael F. Doyle, U.S. HOUSE 18th PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 04/03/98</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code MURTHA FOR REELECTION COMMITTEE P.O. Box 1091 Johnstown, PA 15907</p>	<p>Purpose of Disbursement John P. Murtha, U.S. HOUSE 12th PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 04/03/98</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>H. Full Name, Mailing Address and Zip Code ACKERMAN FOR CONGRESS P.O. Box 95 Fresh Meadows, NY 11365</p>	<p>Purpose of Disbursement Gary L. Ackerman, U.S. HOUSE 5th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 04/03/98</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>I. Full Name, Mailing Address and Zip Code NIXON CAMPAIGN FUND PO Box 143 Jefferson City, MO 65102</p>	<p>Purpose of Disbursement Jayne Nixon U.S. Senate MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 04/03/98</p>	<p>Amount of Each Disb. this Period 2,500.00</p>

SUB TOTAL of Disbursements this page (Optional).....> **15,025.00**

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	OF
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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 Disb. this Period
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) 1998	04/03/98	500.00
NATIONAL DEMOCRATIC CLUB 30 Ivy Street, SE Washington, DC	Maloney, U.S. HOUSE 5th CT- In-Kind - Catering Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/03/98	358.55
PORTER FOR CONGRESS P.O. Box 7126 Deerfield, IL 60015-7126	John Edward Porter, U.S. HOUSE 10th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/03/98	500.00
CAMPBELL VICTORY FUND 4306 Westover Place, NW Washington, DC 20016	Ben Nighthorse Campbell, U.S. SENATE CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/09/98	1,000.00
A LOT OF PEOPLE SUPPORTING TOM DASCHLE P.O. Box 15155 Washington, DC 20003	Thomas A. Daschle, U.S. SENATE SD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/09/98	5,000.00
FEINGOLD SENATE COMMITTEE P.O. Box 620062 Middleton, WI 53562-0062	Russell D. Feingold, U.S. SENATE WI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/09/98	5,000.00
JENKINS FOR CONGRESS 107 E. Main Street Ste. 321 Rodgersville, TN 37857	Bill Jenkins, U.S. HOUSE 1st TN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/09/98	500.00
JOHN SPRATT FOR CONGRESS COMMITTEE Post Office Box 2884 Washington, DC 20013	John M. Spratt, U.S. HOUSE 5th SC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/09/98	1,000.00
SISISKY FOR CONGRESS P.O. Box 65873 Washington, DC 20035-5873	Norman Sisisky, U.S. HOUSE 4th VA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/14/98	250.00

SUB TOTAL of Disbursements this page (Optional)..... > 14,108.55

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

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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 Disb. this Period
LINCOLN DIAZ-BALART FOR CONGRESS COMMITTEE 9737 NW 41st Street, #131 Miami, FL 33178	Lincoln Diaz-Balart, U.S. HOUSE 21st FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/14/98	500.00
ANNA ESHOO FOR CONGRESS 555 Bryant Street, Box 335 Palo Alto, CA 94301	Anna G. Eshoo, U.S. HOUSE 14th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/14/98	4,500.00
QUINN FOR CONGRESS 790 North Vermont Street Arlington, VA 22203	Jack Quinn, U.S. HOUSE 30th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/14/98	1,000.00
STEVE ROTHMAN FOR CONGRESS PO Box 714 Hackensack, NJ 07602	Steve Rothman, U.S. HOUSE 9th NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/14/98	500.00
FRIENDS OF CLIFF STEARNS P.O. Box 308 Silver Springs, FL 34489	Clifford B. Stearns, U.S. HOUSE 6th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/14/98	500.00
LAWSON'S CATERERS & EVENT PLANNERS 1350 I Street, NW Washington, DC 20005	Uliana U.S. House 15th PA - In Kind - Catering Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/20/98	294.58
MAC COLLINS FOR CONGRESS 6309 Gold Course Sq. Alexandria, VA 22307	Mac Collins, U.S. HOUSE 3rd GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/20/98	500.00
COSTELLO FOR CONGRESS COMMITTEE P.O. Box 8250 Belleville, IL 62222	Jerry F. Costello, U.S. HOUSE 12th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/20/98	1,000.00
DIANA DEGETTE FOR CONGRESS, INC. 770 Grant Street Suite 238 DENVER, CO 80203	Diana DeGette, U.S. HOUSE 1st CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/20/98	500.00

SUB TOTAL of Disbursements this page (Optional).....> **9,294.58**

TOTAL this Period (Last page this line number only).....>

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

SCHEDULE B ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and Zip Code TEAM EMERSON 2210 Lakewood Drive Cape Girardeau, MO 63701</p>	<p>Purpose of Disbursement Jo Ann Emerson, U.S. HOUSE 8th MO</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 04/20/98</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code MEEK FOR CONGRESS 216 7th Street, SE Washington, DC 20003</p>	<p>Purpose of Disbursement Carrie P. Meek, U.S. HOUSE 17th FL</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 04/20/98</p>	<p>Amount of Each Disb. this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code ROSE FOR CONGRESS 501 Darby Creed Rd. Ste. 53A Lexington, KY 40509</p>	<p>Purpose of Disbursement John Rose, U.S. HOUSE 6th KY</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 04/20/98</p>	<p>Amount of Each Disb. this Period 2,500.00</p>
<p>D. Full Name, Mailing Address and Zip Code IKE SKELTON FOR CONGRESS COMMITTEE 1350 I Street, NW, Suite 200 Washington, DC 20005</p>	<p>Purpose of Disbursement Ike Skelton, U.S. HOUSE 4th MO</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 04/20/98</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code PUBLIC OPINION STRATEGIES 1033 North Fairfax Suite 120 Alexandria, VA 22314</p>	<p>Purpose of Disbursement In-Kind to Fred Upton U.S. House 6th MI</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 04/21/98</p>	<p>Amount of Each Disb. this Period 4,875.00</p>
<p>F. Full Name, Mailing Address and Zip Code MASSACHUSETTS DEMOCRATIC PARTY 45 Bromfield Street, 7th Floor Boston, MA 02108</p>	<p>Purpose of Disbursement 1998 Contribution</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year) 04/27/98</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code PENNSYLVANIANS FOR KANJORSKI 15075 Lindbergh Lane Dumfries, VA 22026</p>	<p>Purpose of Disbursement Paul E. Kanjorski, U.S. HOUSE 11th PA</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 04/27/98</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>H. Full Name, Mailing Address and Zip Code MCNULTY FOR CONGRESS P.O. Box 1560 Green Island, NY 12183</p>	<p>Purpose of Disbursement Michael R. McNulty, U.S. HOUSE 21st NY</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 04/27/98</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>I. Full Name, Mailing Address and Zip Code ULIANA FOR CONGRESS PO Box 1550 Allentown, PA 18105-1550</p>	<p>Purpose of Disbursement Joe Uliana, U.S. HOUSE 15th PA</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 04/27/98</p>	<p>Amount of Each Disb. this Period 2,500.00</p>

SUB TOTAL of Disbursements this page (Optional).....> **14,625.00**

TOTAL this Period (Last page this line number only).....>

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	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
HENRY J. HYDE FOR CONGRESS COMMITTEE P.O. Box 332 Des Plaines, IL 60019-9420	Henry J. Hyde, U.S. HOUSE 6th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/27/98	3,000.00
BOB BRADY FOR CONGRESS c/o 1208 Tasker Street 2nd Floor Philadelphia, PA 19148	Bob Brady, U.S. HOUSE 1st PA Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1998 Special Election	04/27/98	2,500.00
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	5,500.00
TOTAL this Period (Last page this line number only).....>	58,553.13

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 5-20-98
<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	
 PREPARER	5-21-98 DATE PREPARED