

REPORT OF RECEIPTS AND DISBURSEMENTS

1/20

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463
Oct 18 11 51 AM '98

1. NAME OF COMMITTEE (in full) California Healthcare Association PAC - Federal		2. FEC IDENTIFICATION NUMBER C00237486
ADDRESS (number and street) P.O. Box 1262	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE, and ZIP CODE Sacramento CA 95812		3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate 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

March 20

April 20

May 20

June 20

July 20

August 20

September 20

October 20

November 20

December 20

January 31

Twelfth day report preceding _____

(election type)

election on _____

in the State of _____

Thirtieth day report following the General Election

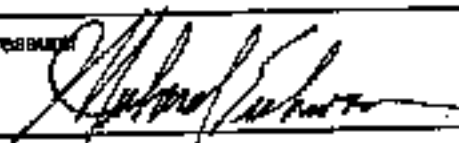
on _____

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>07/01/1998</u> through <u>09/30/1998</u>		
6. (a) Cash on Hand, January 1, <u>1998</u>		17516.87
(b) Cash on Hand at Beginning of Reporting Period	15089.49	
(c) Total Receipts (from line 1B)	25556.16	77290.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40625.65	94808.36
7. Total Disbursements (from line 3D)	35276.29	88457.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5349.36	5349.36
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 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 J. Richard Eichman, CPA		
Signature of Treasurer 		Date 10/12/1998

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

FEC FORM 3X
(revised 6/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
(PAGE 2, FEC FORM 3X)**

2/20

(revised 1/1/94)

NAME OF COMMITTEE California Healthcare Association PAC - Federal		REPORT COVERING PERIOD		
		FROM 07/01/1998	TO: 09/30/1998	
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)	.....	18809.84	56843.47	11.a.i.
ii. Unitemized	.....	6946.52	17447.02	11.a.ii.
iii. Total	..... (add i and ii)	25556.16	77290.49	11.a.iii.
b. Political Party Committees		0.00	0.00	11.b.
a. Other Political Committees (such as PACs)	.....	0.00	0.00	11.c.
d. Total Contributions	..... (add a ii, b and c)	25556.16	77290.49	11.d.
12. Transfers From Affiliated/Other Party Committees		0.00	0.00	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.)		0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity		0.00	0.00	18.
19. Total Receipts		25556.16	77290.49	19.
20. Total Federal Receipts		25556.16	77290.49	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		126.29	682.00	21.b.
c. Total Operating Expenditures		126.29	682.00	21.c.
22. Transfers to Affiliated/Other Party Committees		28000.00	82450.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees		7150.00	26325.00	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 Soft. 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 Contributions Refunds		0.00	0.00	28.d.
29. Other Disbursements		0.00	0.00	29.
30. Total Disbursements		35276.29	89457.00	30.
31. Total Federal Disbursements		35276.29	89457.00	31.
III. Net Contributions / Operating Expenditures				
32. Total Contributions (other than loans) (from line 11d)		25556.16	77290.49	32.
33. Total Contribution Refunds (from line 28d)		0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)		25556.16	77290.49	34.
35. Total Federal Operating Expenditures		126.29	682.00	35.
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00	36.
37. Net Operating Expenditures		126.29	682.00	37.

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
California Healthcare Association PAC - Federal

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lori Aldrete 3015 Catalina Drive Davis CA 95616	CAHHS	08/10/1998	68.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 446.71	
Lori Aldrete 3015 Catalina Drive Davis CA 95616	CAHHS	09/04/1998	68.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 446.71	
Lori Aldrete 3015 Catalina Drive Davis CA 95616	CAHHS	07/10/1998	68.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 446.71	
Donald Ammon 7550 Woodborough Drive Roseville CA 95661	Adventist Health	07/10/1998	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Vice President	Aggregate Year-to-Date > \$ 500.00	
Peter Aprato 12 N Golden West Arcadia CA 91007	Robert F. Kennedy Medical Center	03/07/1998	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	Aggregate Year-to-Date > \$ 250.00	
Sharon Avery 1201 K Street Sacramento CA 95812	CAHHS	09/04/1998	40.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 303.58	
Sharon Avery 1201 K Street Sacramento CA 95812	CAHHS	07/10/1998	40.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 303.58	
SUBTOTALS of Receipts This Page (Optional)			
TOTALS 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 11A

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NAME OF COMMITTEE (in Full)
California Healthcare Association PAC - Federal

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sharon Avery 1201 K Street Sacramento CA 95812	CAHHS Occupation Director	08/10/1998	40.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 303.56		
Walter Beck 300 Canal Street King City CA 93930	George L. Moe Memorial Hospital Occupation CEO	08/28/1998	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Stan Barry 1451 Rocky Ridge Dr, #2801 Roseville CA 95661	Adventist Health Occupation Consultant	08/28/1998	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
Stan Barry 1451 Rocky Ridge Dr, #2801 Roseville CA 95661	Adventist Health Occupation Consultant	07/10/1998	82.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
Edward Bland 169 E. Webster Street Colusa CA 95832	Colusa Community Hospital Occupation CEO	07/31/1998	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Tom Bone 1949 Blossom Rock Place Gold River CA 95670	CAHHS Occupation Senior Vice President	08/10/1998	81.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 583.29		
Tom Bone 1949 Blossom Rock Place Gold River CA 95670	CAHHS Occupation Senior Vice President	07/10/1998	81.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 583.29		

SUBTOTALS of Receipts This Page (Optional)

TOTALS 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 11AJ

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NAME OF COMMITTEE (In Full)
California Healthcare Association PAC - Federal

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom Bone 1948 Blossom Rock Place Gold River CA 95670	CAHHS Occupation: Senior Vice President	08/04/1998	\$1.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 583.28		
Henry Buhmann 9 Presbryck Court Novato CA 94948	Marin General Hospital Occupation: President	08/25/1998	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
William Carpenter Mills Peninsula Health Services 100 South San Mateo Drive San Mateo CA 94401	Mills-Peninsula Health Services Occupation: COO	08/25/1998	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Monty Clark 372 Amador Avenue Ventura CA 93004	HASC Occupation: Vice President	08/10/1998	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 209.00		
Monty Clark 372 Amador Avenue Ventura CA 93004	HABC Occupation: Vice President	08/07/1998	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 209.00		
Monty Clark 372 Amador Avenue Ventura CA 93004	HASC Occupation: Vice President	09/04/1998	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 209.00		
Michael Cohn 4314 Hale Ranch Road Fair Oaks CA 95628	Sutter Health Occupation: CEO	08/04/1998	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTALS of Receipts This Page (Optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
California Healthcare Association PAC - Federal

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Costa 2300 Via Rivera Palms Verdes Estat CA 90274	Little Co of Mary Hospitals Occupation: President	08/25/1988	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Jeffrey Cragen 9474 Swan Lake Drive Granite Bay CA	Mercy Healthcare Sacramento Occupation: Medical Director	08/04/1988	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
Wendy Dorchester 601 Colton Place Newport Beach CA 92660	Long Beach Mem Medical Center Occupation: Manager	07/31/1988	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
Janet Ellis 7308 Gana Highway Chico CA 95625	Enloe Hospital Occupation: Administrator	07/17/1988	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Michael Erne Mercy Healthcare Sacramento 7500 Hospital Drive Sacramento CA 95823	Mercy Healthcare Sacramento Occupation: President/CEO	08/14/1988	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Beverly Finkley 1813 A Edgebrook Drive Modesto CA 95354	Stanislaus Medical Center Occupation: CEO	07/17/1988	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Tamara Florio 4723 Castle Road La Canada CA 91011	Long Beach Mem Medical Center Occupation: Vice President	08/28/1988	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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Detailed Summary Page

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NAME OF COMMITTEE (in Full)
California Healthcare Association PAC - Federal

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tamera Florio 4723 Castle Road La Canada CA 91011	Long Beach Mem Medical Center	07/10/1998	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 250.00	
Elvia Foulke 19 Rippling Stream Irvine CA 92715	Citrus Valley Health Partners	07/10/1998	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Vice President	Aggregate Year-to-Date > \$ 250.00	
Matthew Gerlach 5070 Indiana Way La Canada Flintridge CA 91011	Beverly Hospital	08/04/1998	187.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO/Administrator	Aggregate Year-to-Date > \$ 312.50	
Frank J. Guarneri 7411 Liz Court West Hills CA 91307	Motion Picture and TV Fund Hospital	08/07/1998	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation GFO	Aggregate Year-to-Date > \$ 500.00	
Frances Hanckel 1151 Paseo Del mar San Pedro CA 90731	Long Beach mem Medical Center	08/21/1998	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO	Aggregate Year-to-Date > \$ 400.00	
Nancy Heppel 1019 Circle Creek Lane Lafayette CA 94549	Summit Medical Center	07/02/1998	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrative Director	Aggregate Year-to-Date > \$ 250.00	
Dorel Harris 3025 Danhurst Court Sacramento CA 95842	CAHHS	07/02/1998	57.14
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 408.45	

SUBTOTALS of Receipts This Page (Optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
California Healthcare Association PAC - Federal

Full Name, Mailing Address, and ZIP Code Dorel Harms 3025 Danhurst Court Sacramento CA 95842	Name of Employer CAHHS Occupation Vice President	Date (month, day, year) 08/10/1998	Amount of Each Receipt this Period 57.14
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 409.46		
Full Name, Mailing Address, and ZIP Code Dorel Harms 3025 Danhurst Court Sacramento CA 95842	Name of Employer CAHHS Occupation Vice President	Date (month, day, year) 08/04/1998	Amount of Each Receipt this Period 57.14
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 409.46		
Full Name, Mailing Address, and ZIP Code William Haug 23388 Mulholland Drive Woodland Hills CA 91364	Name of Employer Motion Picture and TV Fund Hospital Occupation CEO	Date (month, day, year) 08/28/1998	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 > \$ 375.00		
Full Name, Mailing Address, and ZIP Code Craig L. Hendrickson 790 East Colorado Blvd, #600 Pasadena CA 91101	Name of Employer Catholic Healthcare West Occupation COO	Date (month, day, year) 07/08/1998	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		
Full Name, Mailing Address, and ZIP Code Jim Hillman 8802 Spickard Drive Huntington Beach CA 92647	Name of Employer HASC Occupation Sr. Vice President	Date (month, day, year) 08/10/1998	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
Full Name, Mailing Address, and ZIP Code Jim Hillman 8802 Spickard Drive Huntington Beach CA 92647	Name of Employer HASC Occupation Sr. Vice President	Date (month, day, year) 09/04/1998	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
Full Name, Mailing Address, and ZIP Code Jim Hillman 8802 Spickard Drive Huntington Beach CA 92647	Name of Employer HASC Occupation Sr. Vice President	Date (month, day, year) 08/07/1998	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER
11A

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NAME OF COMMITTEE (in Full)
California Healthcare Association PAC - Federal

Full Name, Mailing Address, and ZIP Code Douglas Hitchcock 2213 O'Keeffe Place Davis CA 95616	Name of Employer CAHHS Occupation Sr. Vice President	Date (month, day, year) 08/21/1998	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 > \$ 600.00		
Full Name, Mailing Address, and ZIP Code Roger Hite 1655 Sequel Drive Santa Cruz CA 95065	Name of Employer Dominican Hospital Occupation COO	Date (month, day, year) 09/25/1998	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		
Full Name, Mailing Address, and ZIP Code Chuck Howarth 12501 Aristo Place Granada Hills CA 91344	Name of Employer CAHHS - UIP Occupation Sr. Vice President	Date (month, day, year) 09/04/1998	Amount of Each Receipt this Period 112.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 576.65		
Full Name, Mailing Address, and ZIP Code Chuck Howarth 12501 Aristo Place Granada Hills CA 91344	Name of Employer CAHHS - UIP Occupation Sr. Vice President	Date (month, day, year) 08/10/1998	Amount of Each Receipt this Period 112.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 576.65		
Full Name, Mailing Address, and ZIP Code Chuck Howarth 12501 Aristo Place Granada Hills CA 91344	Name of Employer CAHHS - UIP Occupation Sr. Vice President	Date (month, day, year) 07/02/1998	Amount of Each Receipt this Period 112.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 576.65		
Full Name, Mailing Address, and ZIP Code D. Scott Ideson 4581 Oxbow Ridge Fair Oaks CA 95628	Name of Employer Mercy Healthcare Sacramento Occupation Senior Vice President	Date (month, day, year) 08/25/1998	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		
Full Name, Mailing Address, and ZIP Code Linda Irvine 5th & Esplanade Chico CA 95926	Name of Employer Enloe Hospital Occupation	Date (month, day, year) 07/17/1998	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		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	10/20 FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full)
California Healthcare Association PAC - Federal

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diane C. Jones 164 Guilford Circle Orland CA 95963	Enloe Hospital	08/21/1998	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Director of Rehab Services	Aggregate Year-to-Date > \$ 250.00	
Donna Kaylor 3160 Carly Way Sacramento CA 95816	CAHHS	09/04/1998	52.28
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Lobbyist	Aggregate Year-to-Date > \$ 404.56	
Donna Kaylor 3160 Carly Way Sacramento CA 95816	CAHHS	07/02/1998	52.28
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Lobbyist	Aggregate Year-to-Date > \$ 404.56	
Donna Kaylor 3160 Carly Way Sacramento CA 95816	CAHHS	08/10/1998	52.28
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Lobbyist	Aggregate Year-to-Date > \$ 404.56	
Paul A. King 8514 Laurelwood Inglewood CA 90302	Children's Hospital Los Angeles	08/28/1998	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Administrator	Aggregate Year-to-Date > \$ 250.00	
Richard J. Kramer 2245 Oakdale Road Hillsborough CA 95338	Catholic Healthcare West	07/08/1998	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation President/CEO	Aggregate Year-to-Date > \$ 500.00	
Claire Kuczkowski PO Box 216 5169 Hospital Road Mariposa CA 95338	John C. Fremont Healthcare District	07/02/1998	62.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Administrator	Aggregate Year-to-Date > \$ 500.00	

SUBTOTALS of Receipts This Page (Optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
California Healthcare Association PAC - Federal

Full Name, Mailing Address, and ZIP Code Claire Kuczkowski PO Box 216 5188 Hospital Road Mariposa CA 95338	Name of Employer John C. Fremont Healthcare District	Date (month, day, year) 08/26/1998	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Claire Kuczkowski PO Box 216 5188 Hospital Road Mariposa CA 95338	Name of Employer John C. Fremont Healthcare District	Date (month, day, year) 08/25/1998	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Lawrence Long 10121 Timber Ridge Drive Granada Hills CA 91344	Name of Employer HASC	Date (month, day, year) 07/17/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code James Lott 17061 Timber Ridge Drive Granada Hills CA 91344	Name of Employer HASC	Date (month, day, year) 08/07/1998	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Vice President	Aggregate Year-to-Date > \$ 229.02	
Full Name, Mailing Address, and ZIP Code Richard Lyons 30464 Rainbow Crest Agoura CA 91301	Name of Employer Northridge Hospital Medical Center	Date (month, day, year) 08/28/1998	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/CEO	Aggregate Year-to-Date > \$ 700.00	
Full Name, Mailing Address, and ZIP Code Michael J. Madden 501 S. Buena Vista Street Burbank CA 91505	Name of Employer Providence St. Joseph Medical Center	Date (month, day, year) 08/25/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Gerald McCall 441 North Lakeview Avenue Anaheim CA 92807	Name of Employer Kaiser Foundation Hospital - Orange Co	Date (month, day, year) 08/25/1998	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 500.00	

SUBTOTALS of Receipts This Page (Optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A)

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NAME OF COMMITTEE (in Full)
California Healthcare Association PAC - Federal

Full Name, Mailing Address, and ZIP Code Patricia McFarland 6804 Royal Gate Way Elk Grove CA 95624	Name of Employer Organization of Nurse Executives - 10	Date (month, day, year) 07/23/1998	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director	Aggregate Year-to-Date > \$ 400.00	
Full Name, Mailing Address, and ZIP Code Emile Medawar 780 E. Colorado Pasadena CA 91101	Name of Employer Catholic Healthcare West - S. Californ	Date (month, day, year) 08/07/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Financial Director	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Joseph S. Mitchell 2700 Marina Drive, Apt 107 Modesto CA 95355	Name of Employer Memorial Hospitals Association	Date (month, day, year) 08/28/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Daniel Neumeister 632 Almond Grove Court Chico CA 95973	Name of Employer Enloe Hospital	Date (month, day, year) 07/17/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Healthcare Executive	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Stanley Oppgaard 801 Morse Avenue Sacramento CA 95864	Name of Employer Methodist Hosp/Mercy Healthcare Sacram	Date (month, day, year) 08/25/1998	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/COO	Aggregate Year-to-Date > \$ 400.00	
Full Name, Mailing Address, and ZIP Code William D. Parente 1039 Grant Street, #2 Santa Monica CA 90405-1459	Name of Employer St. Vincent Medical Center	Date (month, day, year) 07/23/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Thomas A. Petersen 8500 Bordeaux Way Fair Oaks CA 95628	Name of Employer Catholic Healthcare West	Date (month, day, year) 09/04/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President/COO	Aggregate Year-to-Date > \$ 250.00	

SUBTOTALS of Receipts This Page (Optional)

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SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	13/20 FOR LINE NUMBER 11A
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NAME OF COMMITTEE (In Full)
California Healthcare Association PAC - Federal

Full Name, Mailing Address, and ZIP Code Anthony Ramsey-Wallace 7732 Oakshore Drive Sacramento CA 95831	Name of Employer CAHHS	Date (month, day, year) 07/02/1998	Amount of Each Receipt this Period 81.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 519.09	
Full Name, Mailing Address, and ZIP Code Anthony Ramsey-Wallace 7732 Oakshore Drive Sacramento CA 95831	Name of Employer CAHHS	Date (month, day, year) 08/04/1998	Amount of Each Receipt this Period 81.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 519.09	
Full Name, Mailing Address, and ZIP Code Anthony Ramsey-Wallace 7732 Oakshore Drive Sacramento CA 95831	Name of Employer CAHHS	Date (month, day, year) 08/10/1998	Amount of Each Receipt this Period 81.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 519.09	
Full Name, Mailing Address, and ZIP Code Alan Rice 2875 N. Sycamore Drive Simi Valley CA 93065	Name of Employer Simi Valley Hospital & Health Systems	Date (month, day, year) 07/07/1998	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Roger Richter 17 Fig Leaf Court Sacramento CA 95838	Name of Employer CAHHS	Date (month, day, year) 08/04/1998	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Vice President	Aggregate Year-to-Date > \$ 354.20	
Full Name, Mailing Address, and ZIP Code Roger Richter 17 Fig Leaf Court Sacramento CA 95838	Name of Employer CAHHS	Date (month, day, year) 08/10/1998	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Vice President	Aggregate Year-to-Date > \$ 354.20	
Full Name, Mailing Address, and ZIP Code Bryan Rogers 5 Puerto Irvine CA 92720	Name of Employer Foothill Presbyterian Hospital	Date (month, day, year) 08/04/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/CEO	Aggregate Year-to-Date > \$ 500.00	

SUBTOTALS of Receipts This Page (Optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)
California Healthcare Association PAC - Federal

Full Name, Mailing Address, and ZIP Code Patricia Ryan 7751 Elena Marie Drive Sacramento CA 95831	Name of Employer CAHHS	Date (month, day, year) 08/10/1998	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 395.40	
Full Name, Mailing Address, and ZIP Code Patricia Ryan 7751 Elena Marie Drive Sacramento CA 95831	Name of Employer CAHHS	Date (month, day, year) 07/02/1998	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 395.40	
Full Name, Mailing Address, and ZIP Code Patricia Ryan 7751 Elena Marie Drive Sacramento CA 95831	Name of Employer CAHHS	Date (month, day, year) 08/04/1998	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 395.40	
Full Name, Mailing Address, and ZIP Code Arnold Schaffer 179 Annadale Road Pasadena CA 91105	Name of Employer Glendale Memorial Hospital	Date (month, day, year) 08/04/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Gregg Schneppe 427 Corte Dorado Danville CA 94528	Name of Employer HDNCC	Date (month, day, year) 08/28/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/CEO	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Roger Seaver 18300 Roscoe Boulevard Northridge CA 91328	Name of Employer Northridge Hospital Medical Center	Date (month, day, year) 08/28/1998	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Gilbert L. Silberstein 10070 Emerald Drive Kelseyville CA 95451	Name of Employer Sutter Lakeside Hospital	Date (month, day, year) 08/14/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 250.00	

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
California Healthcare Association PAC - Federal

<p>Full Name, Mailing Address, and ZIP Code David Shiley 1709 W. Browning Avenue Fresno CA 93711</p>	<p>Name of Employer San Joaquin Valley Rehabilitation Hosp</p>	<p>Date (month, day, year) 08/14/1998</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>Occupation CEO</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>	
<p>Full Name, Mailing Address, and ZIP Code Lowell Smith 84 Half Moon Road Novato CA 94947</p>	<p>Name of Employer Novato Community Hospital</p>	<p>Date (month, day, year) 07/10/1998</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Administrator</p>	<p>Aggregate Year-to-Date > \$ 350.00</p>	
<p>Full Name, Mailing Address, and ZIP Code Jeffrey Sousa 8417 Arde Court Roseville CA 95661</p>	<p>Name of Employer Optima Healthcare Insurance Services</p>	<p>Date (month, day, year) 08/28/1998</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>Occupation Acting CEO</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>	
<p>Full Name, Mailing Address, and ZIP Code Arthur Sponseller 425 Noren Street La Canada CA 91011</p>	<p>Name of Employer HASC</p>	<p>Date (month, day, year) 08/10/1998</p>	<p>Amount of Each Receipt this Period 25.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Vice President</p>	<p>Aggregate Year-to-Date > \$ 288.52</p>	
<p>Full Name, Mailing Address, and ZIP Code Arthur Sponseller 425 Noren Street La Canada CA 91011</p>	<p>Name of Employer HASC</p>	<p>Date (month, day, year) 08/07/1998</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Vice President</p>	<p>Aggregate Year-to-Date > \$ 288.52</p>	
<p>Full Name, Mailing Address, and ZIP Code Arthur Sponseller 425 Noren Street La Canada CA 91011</p>	<p>Name of Employer HASC</p>	<p>Date (month, day, year) 08/04/1998</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Vice President</p>	<p>Aggregate Year-to-Date > \$ 288.52</p>	
<p>Full Name, Mailing Address, and ZIP Code Bruce Spurlock, M.D. 1201 K Street, Suite 800 Sacramento CA 95812</p>	<p>Name of Employer CAHHS</p>	<p>Date (month, day, year) 07/02/1998</p>	<p>Amount of Each Receipt this Period 61.62</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Senior Vice President</p>	<p>Aggregate Year-to-Date > \$ 643.14</p>	

SUBTOTALS of Receipts This Page (Optional)

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SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	16/20
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NAME OF COMMITTEE (in Full)
California Healthcare Association PAC - Federal

Full Name, Mailing Address, and ZIP Code Bruce Spurlock, M.D. 1201 K Street, Suite 800 Sacramento CA 95812	Name of Employer CAHHS	Date (month, day, year) 08/10/1998	Amount of Each Receipt this Period 81.82
	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 643.14		
Full Name, Mailing Address, and ZIP Code Bruce Spurlock, M.D. 1201 K Street, Suite 800 Sacramento CA 95812	Name of Employer CAHHS	Date (month, day, year) 09/04/1998	Amount of Each Receipt this Period 81.82
	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 643.14		
Full Name, Mailing Address, and ZIP Code Polly Walker 18 Mall Court Oakland CA 94611	Name of Employer Sutter Solano Medical Center	Date (month, day, year) 07/10/1998	Amount of Each Receipt this Period 150.00
	Occupation Ass. Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Polly Walker 18 Mall Court Oakland CA 94611	Name of Employer Sutter Solano Medical Center	Date (month, day, year) 09/04/1998	Amount of Each Receipt this Period 100.00
	Occupation Ass. Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Polly Walker 18 Mall Court Oakland CA 94611	Name of Employer Sutter Solano Medical Center	Date (month, day, year) 09/25/1998	Amount of Each Receipt this Period 100.00
	Occupation Ass. Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Mary Wallace 1501 Expi Boulevard, #449 Sacramento CA 95815	Name of Employer CAHHS	Date (month, day, year) 07/02/1998	Amount of Each Receipt this Period 31.58
	Occupation Admin Assistant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.89		
Full Name, Mailing Address, and ZIP Code Mary Wallace 1501 Expi Boulevard, #448 Sacramento CA 95815	Name of Employer CAHHS	Date (month, day, year) 08/10/1998	Amount of Each Receipt this Period 31.58
	Occupation Admin Assistant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.89		

SUBTOTALS of Receipts This Page (Optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
California Healthcare Association PAC - Federal

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Wallace 1501 Expi Boulevard, #448 Sacramento CA 95815	CAHHS Occupation: Admin Assistant	09/04/1998	31.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.89		
Mary Ann Washington 114 8th Street Pacific Grove CA 93950	Community Hoep of Monterey Peninsula Occupation: Sr. Vice President	07/31/1998	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
Reynold Welch 24122 Snipe Lane Laguna Niguel CA 92677	Anaheim General Hospital Occupation: CEO	06/28/1998	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
John Wilson 1300 West Seventh Street San Pedro CA 90732	San Pedro Peninsula Hospital Occupation: President	07/02/1998	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
David Yarbrough 410 North Taylor Street Weaverville CA 96093	Trinity Hospital Occupation: CEO	08/28/1998	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Richard Yochum 1301 Hidden Springs Lane Glendora CA 91740	Pomona Valley Hospital Occupation: President/CEO	09/25/1998	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 375.00		
Beth Zachary 1475 Normady Drive Pasadena CA 91103	White Memorial Medical Center Occupation: COO	08/28/1998	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTALS of Receipts This Page (Optional)

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18609.64

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Full)
California Healthcare Association PAC - Federal

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of America 1130 K Street Sacramento CA 95814	Bank Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	07/01/1998	10.93
Bank of America 1130 K Street Sacramento CA 95814	Bank Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	08/01/1998	28.54
Bank of America 1130 K Street Sacramento CA 95814	Bank Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	08/14/1998	20.58

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	60.03

SCHEDULE B**ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER
22

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NAME OF COMMITTEE (In Full)**California Healthcare Association PAC - Federal**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Political Action Comm of American Hospital Ass ID #C0010646 840 N. Leachor Drive Chicago IL 60611	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/14/1998	8000.00
Political Action Comm of American Hospital Ass ID #C0010646 840 N. Leachor Drive Chicago IL 60611	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/30/1998	20000.00

SUBTOTALS of Disbursements This Page (Optional)**TOTALS** This Period (last page this line number only)**28000.00**

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) (for each category of the Detailed Summary Page)	20/20
			FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
California Healthcare Association PAC - Federal

Full Name, Mailing Address, and ZIP Code George Radanovich Radanovich for Congress 2377 W. Shaw Avenue, Suite 204 Fresno CA 93711	Purpose of Disbursement (House - CA - 19)	Date (month, day, year) 07/02/1998	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Mike Thompson Mike Thompson for Congress P.O. Box 1998 St. Helena CA 94574	Purpose of Disbursement (House - CA - 1)	Date (month, day, year) 07/29/1998	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Loretta Sanchez Comm to Re-Elect Loretta Sanchez 2109 North Tower Street Santa Ana CA 92706	Purpose of Disbursement (House - CA - 46)	Date (month, day, year) 07/29/1998	Amount of Each Disbursement This Period 2500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Doug Ose Doug Ose for Congress P.O. Box 41649 Sacramento CA 95841	Purpose of Disbursement (House - CA - 3)	Date (month, day, year) 08/18/1998	Amount of Each Disbursement This Period 2500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Mike Thompson Mike Thompson for Congress P.O. Box 1998 St. Helena CA 94574	Purpose of Disbursement (House - CA - 1)	Date (month, day, year) 08/25/1998	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Loretta Sanchez Comm to Re-Elect Loretta Sanchez 2109 North Tower Street Santa Ana CA 92706	Purpose of Disbursement (House - CA - 46)	Date (month, day, year) 08/28/1998	Amount of Each Disbursement This Period 250.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code George Radanovich Radanovich for Congress 2377 W. Shaw Avenue, Suite 204 Fresno CA 93711	Purpose of Disbursement (House - CA - 19)	Date (month, day, year) 09/28/1998	Amount of Each Disbursement This Period 400.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	7150.00

Federal Election Commission

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