



RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

HEALTH ALLIANCE POLITICAL ACTION COMMITTEE

P.O. BOX 8600 □ HARRISBURG, PENNSYLVANIA 17105-8600 □ TELEPHONE (717) 554-9200

JUL 27 12 35 PM '99

July 27, 1999

Mr. Donald L. Averett
Federal Election Commission
999 E. Street N.W.
Washington, DC 20463

Enclosed is a copy of the most recent form FEC 3X for the period January 1, 1999 through June 30, 1999, for the Health Alliance Political Action Committee - Federal.

Sherry L. Fischer

Sherry L. Fischer
Accounting Specialist

Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Jul 30 12 35 PM '99

1. NAME OF COMMITTEE (in full)
Health Alliance Political Action Committee - Federal

ADDRESS (number and street) Check if different than previously reported
4750 Lindle Road

CITY, STATE and ZIP CODE
Harrisburg, PA 17105

2. FEC IDENTIFICATION NUMBER
C00128032

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

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

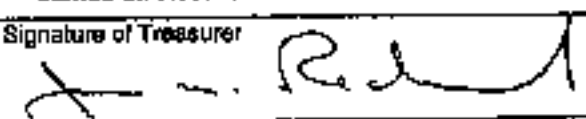
- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election 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>01/01/99</u> through <u>06/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 16,011.79
(b) Cash on Hand at Beginning of Reporting Period	\$ 16,011.79	
(c) Total Receipts (from Line 19)	\$ 32,173.49	\$ 32,173.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 48,185.28	\$ 48,185.28
7. Total Disbursements (from Line 20)	\$ 36,230.82	\$ 36,230.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 11,954.46	\$ 11,954.46
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 899 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
James M. Redmond

Signature of Treasurer  Date
7/26/99

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 1/1/91)

NAME OF COMMITTEE Health Alliance Political Action Committee - Federal		REPORT COVERING PERIOD		
		FROM 01/01/99	TO: 06/30/99	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11. Contributions (other than loans) From:				
a. Individual/Persons Other Than Political Committees				
i. Itemized (use Schedule A)		7,000.00	7,000.00	11(a)(i)
ii. Unitemized		25,096.65	25,096.65	11(a)(ii)
iii. Total	(add i and ii) >	32,096.65	32,096.65	11(a)(iii)
b. Political Party Committees		0.00	0.00	11(b)
c. Other Political Committees (such as PACs)		0.00	0.00	11(c)
d. Total Contributions	(add a, ii, b and c) >	32,096.65	32,096.65	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.)		78.84	78.84	17
18. Transfers from Nonfederal Account for Joint Activity		0.00	0.00	18
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	32,173.49	32,173.49	19
20. Total Federal Receipts	(subtract line 18 from line 19) >	32,173.49	32,173.49	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		175.82	175.82	21(b)
c. Total Operating Expenditures	(add a i, a ii, and b) >	175.82	175.82	21(c)
22. Transfers to Affiliated/Other Party Committees		0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees		36,055.00	36,055.00	23
24. Independent Expenditures (use Schedule E)		0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		0.00	0.00	25
26. Loan Repayments Made		0.00	0.00	26
27. Loans Made		0.00	0.00	27
28. Refunds of Contributions To:				
a. Individual/Persons Other Than Political Committees		0.00	0.00	28(a)
b. Political Party Committees		0.00	0.00	28(b)
c. Other Political Committees (such as PACs)		0.00	0.00	28(c)
d. Total Contribution Refunds	(add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements		0.00	0.00	29
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	36,230.82	36,230.82	30
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	36,230.82	36,230.82	31
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11d)		32,096.65	32,096.65	32
33. Total Contribution Refunds (from line 28d)		0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)		32,096.65	32,096.65	34
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	175.82	175.82	35
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00	36
37. Net Operating Expenditures	(subtract line 36 from 35) >	175.82	175.82	37

SCHEDULE A

ITEMIZED RECEIPTS

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

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)

Health Alliance Political Action Committee - Federal

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diane Kiddy 561 Fairthorne Ave. Philadelphia, PA 19129	CHARTER FAIRMON	01/26/99	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	
B. Full Name, Mailing Address and ZIP Code Andrew Wigglesworth 121 South Broad Street 20th Flr., N. American Bldg. Philadelphia, PA 19107-4533	Name of Employer DELAWARE VALLEY HEALTHCAR	Date (month, day, year) 01/28/99	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	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Carolyn Scanlan 4750 Lindle Road PO Box 8600 Harrisburg, PA 17111-2428	Name of Employer HOSPITAL AND HEALTHSYSTEM	Date (month, day, year) 02/12/99	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	
D. Full Name, Mailing Address and ZIP Code James Radmond FACHE 4750 Lindle Road P.O. Box 8600 Harrisburg, PA 17111-2428	Name of Employer HOSPITAL AND HEALTHSYSTEM	Date (month, day, year) 01/29/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HEALTH ASSN MGMT	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Barbara Terry 4750 Lindle Road P.O. Box 8600 Harrisburg, PA 17111	Name of Employer INSTITUTE FOR HEALTHY COM	Date (month, day, year) 03/11/99	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	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code John McMeekin Healthplex Pavilion II 100 West Sprout Road Springfield, PA 19084-2027	Name of Employer CROZER KEYSTONE HEALTH SY	Date (month, day, year) 03/11/99	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	
G. Full Name, Mailing Address and ZIP Code Paula Bussard 4750 Lindle Road P.O. Box 8600 Harrisburg, PA 17111-2428	Name of Employer HOSPITAL AND HEALTHSYSTEM	Date (month, day, year) 03/11/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. VP, Policy & Regulatory Service	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

1,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)

Health Alliance Political Action Committee - Federal

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin Ciccoloppo 4750 Lindle Road P.O. Box 8600 Harrisburg, PA 17111-2428	HOSPITAL AND HEALTHSYSTEM	03/11/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Research	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Cambas MD 4750 Lindle Road P.O. Box 8600 Harrisburg, PA 17111-2428	HOSPITAL AND HEALTHSYSTEM	03/11/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Medical Advisor	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Evans FACHE 401 East Murphy Avenue Connellsville, PA 15425-2700	HIGHLANDS HOSPITAL	03/11/99	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Telford Thomas CHE 155 Wilson Avenue Washington, PA 15301-3388	WASHINGTON HOSPITAL	03/11/99	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gino Pazzagnini FACHE 700 East Norwegian Street Pottsville, PA 17901-2788	GOOD SAMARITAN REGIONAL M	03/08/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/Chief Executive Officer	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Jones Jr. 1200 York Road Abington, PA 19001-3720	ABINGTON MEMORIAL HOSPITAL	03/05/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President and Chief Executive Officer	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Suchanick 4750 Lindle Road P.O. Box 8600 Harrisburg, PA 17111-2428	HOSPITAL AND HEALTHSYSTEM	03/14/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SR VP-ADMINISTRATIVE SVCS	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

1,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

Health Alliance Political Action Committee - Federal

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roland Morris Esq. One Liberty Place Philadelphia, PA 19103	Duane, Morris, & Heckscher, LLP	04/01/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY AT LAW	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick Mazzolla CHE 4750 Lindle Road Harrisburg, PA 17111-2428	ALLHEALTH	03/26/99	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donna Mulholland 250 South 21st Street Easton, PA 18042-3892	EASTON HOSPITAL	03/22/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & Chief Executive Officer	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cary Leptuck 8835 Germantown Avenue Philadelphia, PA 19118-2765	CHESTNUT HILL HOSPITAL	04/26/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & Chief Executive Officer	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Stewart 911 East Brady Street Butler, PA 16001-4887	BUTLER MEMORIAL HOSPITAL	05/05/99	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean Richards 501 North Lansdowne Avenue Drexel Hill, PA 19026-1114	DELAWARE COUNTY MEMORIAL	05/04/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bertram Speare One Medical Center Blvd. Upland, PA 19013-3995	CROZER CHESTER MEDICAL CE	05/04/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. V.P., Corporate Affairs	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) 1,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)

Health Alliance Political Action Committee - Federal

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Creamer 1001 Grampian Boulevard Williamsport, PA 17701-1946 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SUSQUEHANNA HEALTH SYSTEM Occupation President & CEO Aggregate Year-to-Date > \$ 250.00	08/03/99	250.00
B. Full Name, Mailing Address and ZIP Code Georga Leonhardt CHE 116 Interstate Parkway Bradford, PA 16701-0215 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BRADFORD REGIONAL MEDICAL Occupation President & Chief Executive Officer Aggregate Year-to-Date > \$ 250.00	06/07/99	250.00
C. Full Name, Mailing Address and ZIP Code William DiCuccio II 911 East Brady St Butler, PA 16001 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BUTLER HEALTH SYSTEM Occupation Aggregate Year-to-Date > \$ 250.00	05/05/99	250.00
D. Full Name, Mailing Address and ZIP Code Neil Bohnert 8320 Conneaut Lake Road Suite 1 Meadville, PA 16335 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer HOSPITAL COUNCIL OF WESTE Occupation Aggregate Year-to-Date > \$ 250.00	06/15/99	250.00
E. Full Name, Mailing Address and ZIP Code Patricia Jurczak 500 Commonwealth Drive Warrendale, PA 15088-7516 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer HOSPITAL COUNCIL OF WESTE Occupation Sr. Director, Gov. Affairs & Media Aggregate Year-to-Date > \$ 250.00	06/15/99	250.00
F. Full Name, Mailing Address and ZIP Code Ian Rawson Ph.D. 500 Commonwealth Drive Warrendale, PA 15086-7516 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer HOSPITAL COUNCIL OF WESTE Occupation President Aggregate Year-to-Date > \$ 500.00	06/10/99	500.00
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

1,750.00

TOTAL This Period (last page this line number only)

7,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Health Alliance Political Action Committee - Federal

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Osteopathic Healthcare Assoc 5550 Friendship Blvd. Suite 300 Chevy Chase, MD 20815-7201	1998 SHARED CONTRIBUTIONS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/12/99	342.50
B. Full Name, Mailing Address and ZIP Code Natl. Assn. of Psychiatric Health Systems 1317 F Street, NW Suite 301 Washington, DC 20004	SHARED CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/22/99	400.00
C. Full Name, Mailing Address and ZIP Code AHA PAC American Hospital Assn. 325 Seventh St, NW Washington, DC 20004-2802	SHARED CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	03/19/98	15,000.00
D. Full Name, Mailing Address and ZIP Code AHA PAC American Hospital Assn. 325 Seventh St, NW Washington, DC 20004-2802	SHARED CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 999	04/30/99	10,000.00
E. Full Name, Mailing Address and ZIP Code American Osteopathic Healthcare Assoc 5550 Friendship Blvd. Suite 300 Chevy Chase, MD 20815-7201	SHARED CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	05/20/99	312.50
F. Full Name, Mailing Address and ZIP Code AHA PAC American Hospital Assn. 325 Seventh St, NW Washington, DC 20004-2802	SHARED CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	06/04/99	10,000.00
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 Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

36,055.00

TOTAL This Period (last page this line number only)

36,055.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7/27/94
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>3512</i> PREPARER	<i>7/30/94</i> DATE PREPARED