

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

**HAND DELIVERED**

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
REPORTS ANALYSIS  
DIVISION

FEB 20 4 46 PM '97

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in 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 mail 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     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>01/01/97</u> through <u>01/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 199,590.24
(b) Cash on Hand at Beginning of Reporting Period	\$ 199,590.24	
(c) Total Receipts (from Line 19)	\$ 38,707.95	\$ 38,707.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 238,298.19	\$ 238,298.19
7. Total Disbursements (from Line 30)	\$ -8,972.12	\$ -8,972.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 247,326.31	\$ 247,326.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 13,000.00	

For further information contact:  
Federal Election Commission  
899 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-6530  
Local 202-219-5420

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: *Al Jackson*      Date: 2/20/97

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

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**FEC FORM 3X**  
(revised 9/93)







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

(revised 1/1/81)

NAME OF COMMITTEE <b>American Hospital Association PAC</b>		REPORT COVERING PERIOD		
		FROM <b>01/01/97</b>	TO: <b>01/31/97</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			11(a)(X)
i.	Itemized (use Schedule A)	18,183,750.00	18,750.00	11(a)(X)(i)
ii.	Unitemized	16,323.47	16,323.47	11(a)(X)(ii)
ii.	Total (add i and ii) >	35,073.47	35,073.47	11(b)
b.	Political Party Committees	0.00	0.00	11(c)
c.	Other Political Committees (such as PACs)	0.00	0.00	11(d)
d.	Total Contributions (add a ii, b and c) >	35,073.47	35,073.47	12
12.	Transfers From Affiliated/Other Party Committees	3,200.00	3,200.00	13
13.	All Loans Received	0.00	0.00	14
14.	Loan Repayments Received	0.00	0.00	15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	17
17.	Other Federal Receipts (Dividends, Interest, etc.)	434.48	434.48	18
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00	19
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	38,707.95	38,707.95	20
20.	Total Federal Receipts (subtract line 18 from line 19) >	38,707.95	38,707.95	
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(X)
i.	Federal Share	0.00	0.00	21(a)(i)
ii.	Non-Federal Share	27.88	27.88	21(b)
b.	Other Federal Operating Expenditures	27.88	27.88	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	22
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00	23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	-9,000.00	-9,000.00	24
24.	Independent Expenditures (use Schedule E)	0.00	0.00	25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	26
26.	Loan Repayments Made	0.00	0.00	27
27.	Loans Made	0.00	0.00	
28.	Refunds of Contributions To:			
a.	Individuals/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) >	-8,972.12	-8,972.12	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	-8,972.12	-8,972.12	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d)	35,073.47	35,073.47	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from line 32)	35,073.47	35,073.47	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	27.88	27.88	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from line 35) >	27.88	27.88	37

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Name of Committee (in Full) <b>American Hospital Association PAC</b>	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<b>A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b> <b>The Cromer Group</b> <b>136 11th Street, SE</b> <b>Washington, DC 20003</b>	<b>13,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>13,000.00</b>
<b>*Disputed Debt. See 06/20/96 report for original disclosure</b>				
<b>Nature of Debt (Purpose):</b>				
<b>B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
<b>Nature of Debt (Purpose):</b>				
<b>C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
<b>Nature of Debt (Purpose):</b>				
<b>D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
<b>Nature of Debt (Purpose):</b>				
<b>E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
<b>Nature of Debt (Purpose):</b>				
<b>F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
<b>Nature of Debt (Purpose):</b>				
<b>1) SUBTOTALS This Period This Page (optional)</b>				
				<b>13,000.00</b>
<b>2) TOTALS This Period (last page in this line only)</b>				
				<b>13,000.00</b>
<b>3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)</b>				
				<b>13,000.00</b>
<b>4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b>				

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
<b>Donald H. Zornes</b> 2860 Maple Road Columbus, NE 68601	<b>Columbus Community Hospital, Inc.</b> Occupation: Administrator	01/08/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	250.00	
<b>Harlan M. Heald</b> NE Assn. Hospital & Health Sys. 1640 L Street, Ste. D Lincoln, NE 68508-2509	<b>Nebraska Association of Hospitals &amp; Health Systems</b> Occupation: President	01/08/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	250.00	
<b>Charles J. Marr</b> Alegent Health 1011 N. EH, Ste. 200 Omaha, NE 68114	<b>Alegent Health</b> Occupation: CEO	01/08/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	250.00	
<b>Richard S. Quinlan</b> Melrose-Wakefield Healthcare 585 Lebanon Street Melrose, MA 02176	<b>Melrose-Wakefield Healthcare Corp.</b> Occupation: Hospital CEO	01/09/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	250.00	
<b>Kelly De'leo</b> 2023 North 3775 East Eden, UT 84310	<b>Utah Society of Nurse Anesthetists</b> Occupation: President	01/09/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	500.00	
<b>Patty Harrington</b> 211 Cove Lane Layton, UT 84040	<b>McKay Dee Hospital</b> Occupation: CEO, Professional Services	01/09/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	300.00	
<b>Douglas A. Bruce</b> Providence Alaska Med. Ctr. P.O. Box 196604 Anchorage, AK 99517-6604	<b>Providence Alaska Medical Center</b> Occupation: Chief Executive	01/09/97	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).....>	2,050.00
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 **9**  
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 <b>Dalton A. Tong</b> <b>Greater SE Healthcare System</b> <b>1310 Southern Ave, SE</b> <b>Washington, DC 20032</b></p>	<p>Name of Employer <b>Greater Southeast Healthcare System</b></p> <p>Occupation <b>President &amp; CEO</b></p>	<p>Date (Month day, Year) <b>01/09/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>B. Full Name, Mailing Address and Zip Code <b>Thomas Clairmont</b> <b>Lakes Regional General Hosp.</b> <b>Highland Street</b> <b>Laconia, NH 03246-3298</b></p>	<p>Name of Employer <b>Lakes Regional General Hospital</b></p> <p>Occupation <b>President</b></p>	<p>Date (Month day, Year) <b>01/09/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>C. Full Name, Mailing Address and Zip Code <b>Margaret A. Toomey</b> <b>Beth Israel Deaconess Med Ctr</b> <b>375 Longwood Ave.</b> <b>Boston, MA 02215</b></p>	<p>Name of Employer <b>Beth Israel Deaconess Medical Center</b></p> <p>Occupation <b>Dir. of Government Affairs</b></p>	<p>Date (Month day, Year) <b>01/09/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>D. Full Name, Mailing Address and Zip Code <b>Philip W. Jefferson Jr.</b> <b>P.O. Box 97</b> <b>Middleton, MA 01949</b></p>	<p>Name of Employer <b>Marlborough Hospital</b></p> <p>Occupation <b>Chairman of the Board</b></p>	<p>Date (Month day, Year) <b>01/09/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>E. Full Name, Mailing Address and Zip Code <b>Roy A. Hitchings Jr.</b> <b>P.O. Box 1236</b> <b>West Falmouth, MA 02574</b></p>	<p>Name of Employer <b>Falmouth Hospital</b></p> <p>Occupation <b>President &amp; CEO</b></p>	<p>Date (Month day, Year) <b>01/09/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>F. Full Name, Mailing Address and Zip Code <b>Jack M. Zimmerman M.D.</b> <b>Church Hospital Corp.</b> <b>100 N Broadway</b> <b>Baltimore, MD 21231-1593</b></p>	<p>Name of Employer <b>Church Hospital Corporation</b></p> <p>Occupation <b>M.D.</b></p>	<p>Date (Month day, Year) <b>01/10/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>G. Full Name, Mailing Address and Zip Code <b>Andrew Davidson</b> <b>Washington State Hosp. Assn.</b> <b>300 Elliott Ave. West, Ste.300</b> <b>Seattle, WA 98119-4118</b></p>	<p>Name of Employer <b>Washington State Hospital Association</b></p> <p>Occupation <b>Director, Member Rel. &amp; Federal Affairs</b></p>	<p>Date (Month day, Year) <b>01/10/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		

SUB TOTAL 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 9  
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In full)  
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
G. Edwin Howe Aurora Health Care, Inc. 3000 W Montana Street Milwaukee, WI 53234-3910	Aurora Health Care, Inc. Occupation: President	01/10/97	250.00
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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Francis P. Lynch Mount Auburn Hospital 330 Mount Auburn Street Cambridge, MA 02238	Mount Auburn Hospital Occupation: CEO	01/10/97	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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
John E. Wendling 7151 Fountainsdale Road Topeka, KS 66614	Wendling, Noe, Nelson & Johnson Occupation: Accountant	01/10/97	250.00
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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Thomas L. Bell 1801 SW 32nd Topeka, KS 66611	Kansas Hospital Association Occupation: Vice-President	01/10/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	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
Sheryl Jacobs Kansas Hospital Association P.O. Box 2308 Topeka, KS 66601-2308	Greater Kansas City Health Council Occupation: Health Care Assoc. Exec.	01/10/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	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
R. Paul Whitaker 5706 W. 125th Street Overland Park, KS 66209	Greater Kansas City Health Council Occupation: Healthcare Assoc. Exec.	01/10/97	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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Larry Shaffer 1252 SW Indian Hills Road Topeka, KS 66615	Kansas Hospital Association Occupation: Exec. VP	01/10/97	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).....>	1,750.00
TOTAL this Period (Last page this line number only).....>	

**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 <b>Kay R. Hele</b> <b>Kansas Hospital Association</b> <b>215 S.E. 8th</b> <b>Topeka, KS 66601-2308</b>	Name of Employer <b>Kansas Hospital Association</b>	Date (Month day, Year) <b>01/10/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Vice President</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code <b>Hartou J. Smith</b> <b>164 High Street</b> <b>Greenfield, MA 01301</b>	Name of Employer <b>Franklin Medical Center</b>	Date (Month day, Year) <b>01/10/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>President</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code <b>Donald E. Schwarz</b> <b>59 Townsend Street</b> <b>Boston, MA 02119</b>	Name of Employer <b>Jewish Memorial Hospital &amp; Rehabilitation Center</b>	Date (Month day, Year) <b>01/10/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Hospital Administrator</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code <b>Francis J. Cronin</b> <b>HealthAlliance</b> <b>P.O. Box 684</b> <b>Carlisle, MA 01741</b>	Name of Employer <b>HealthAlliance</b>	Date (Month day, Year) <b>01/15/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>President</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code <b>Joan H. Lewis</b> <b>District of Columbia Hospital</b> <b>1250 Eye Street, NW, Ste. 700</b> <b>Washington, DC 20005</b>	Name of Employer <b>District of Columbia Hospital Association</b>	Date (Month day, Year) <b>01/15/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Senior VP</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code <b>Carolyn B. Lewis</b> <b>2920 W. Street, SE</b> <b>Washington, DC 20020</b>	Name of Employer <b>Greater SE Community Hospital</b>	Date (Month day, Year) <b>01/17/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Assistant Director</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code <b>Ronald M. Hollander</b> <b>15 Wamsitt Road</b> <b>Waban, MA 02168</b>	Name of Employer <b>Massachusetts Hospital Association</b>	Date (Month day, Year) <b>01/21/97</b>	Amount of Each Receipt this Period  <b>500.00</b>
	Occupation <b>President</b>	Aggregate Year-to-date > \$ <b>500.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....>	<b>2,000.00</b>
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 **5** OF **9**  
FOR LINE NUMBER **11 a 1**

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NAME OF COMMITTEE (in full)  
**American Hospital Association PAC**

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Robert E. Gibbons</b> <b>5 Lakeside Terrace</b> <b>Westford, MA 01896</b>	<b>Name of Employer</b> <b>Massachusetts Hospital Association</b>  <b>Occupation</b> <b>Federal Relations</b>	<b>Date (Month day, Year)</b> <b>01/21/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>B. Full Name, Mailing Address and Zip Code</b> <b>Donald H. Goldberg</b> <b>40 Mason Road</b> <b>Newton Centre, MA 02459</b>	<b>Name of Employer</b> <b>New England Sinai Hospital</b>  <b>Occupation</b> <b>President</b>	<b>Date (Month day, Year)</b> <b>01/21/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>C. Full Name, Mailing Address and Zip Code</b> <b>Alan J. Goldberg</b> <b>20 Canoe River Road</b> <b>Sharon, MA 02067</b>	<b>Name of Employer</b> <b>Massachusetts Hospital Association</b>  <b>Occupation</b> <b>President, Applied Mgmt. Svst.</b>	<b>Date (Month day, Year)</b> <b>01/22/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>D. Full Name, Mailing Address and Zip Code</b> <b>Vincent J. McCorkle</b> <b>8 Wagon Rd.</b> <b>Wilbraham, MA 01095-1678</b>	<b>Name of Employer</b> <b>Providence Hospital</b>  <b>Occupation</b> <b>President &amp; CEO</b>	<b>Date (Month day, Year)</b> <b>01/22/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>E. Full Name, Mailing Address and Zip Code</b> <b>Clark R. Coxe III</b> <b>Louisiana Hospital Association</b> <b>P.O. Box 80720</b> <b>Baton Rouge, LA 70898-0720</b>	<b>Name of Employer</b> <b>Louisiana Hospital Association</b>  <b>Occupation</b> <b>VP, Legal and Governmental Affairs</b>	<b>Date (Month day, Year)</b> <b>01/23/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>F. Full Name, Mailing Address and Zip Code</b> <b>John Jurovich</b> <b>1225 Woodlong Dr.</b> <b>Baton Rouge, LA 70816</b>	<b>Name of Employer</b> <b>Louisiana Hospital Association</b>  <b>Occupation</b> <b>Vice President</b>	<b>Date (Month day, Year)</b> <b>01/23/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>G. Full Name, Mailing Address and Zip Code</b> <b>Robert D. Merkel</b> <b>Louisiana Hospital Assoc.</b> <b>P.O. Box 80720</b> <b>Baton Rouge, LA 70898-0720</b>	<b>Name of Employer</b> <b>Louisiana Hospital Association</b>  <b>Occupation</b> <b>President</b>	<b>Date (Month day, Year)</b> <b>01/23/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		

SUB TOTAL 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 OF  
6 9  
FOR LINE NUMBER  
11 a I

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)  
American Hospital Association PAC

<p>A. Full Name, Mailing Address and Zip Code <b>James M. Dixon</b> Louisiana Hospital Assoc. 9521 Brookline Avenue Baton Rouge, LA 70809</p>	<p>Name of Employer <b>Louisiana Hospital Association</b>  Occupation <b>Vice President</b></p>	<p>Date (Month day, Year) <b>01/23/97</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>B. Full Name, Mailing Address and Zip Code <b>John A. Matessino</b> Louisiana Hospital Association P.O. Box 80720 Baton Rouge, LA 70898</p>	<p>Name of Employer <b>Louisiana Hospital Association</b>  Occupation <b>Vice President</b></p>	<p>Date (Month day, Year) <b>01/23/97</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>C. Full Name, Mailing Address and Zip Code <b>Jeffrey R. Kelly</b> 200 Groton Road Ayer, MA 01432</p>	<p>Name of Employer <b>Deaconess-Nashoba Hospital</b>  Occupation <b>President and CEO</b></p>	<p>Date (Month day, Year) <b>01/23/97</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>D. Full Name, Mailing Address and Zip Code <b>David S. Weiner</b> 37 Maugus Avenue Wellesley, MA 02181</p>	<p>Name of Employer <b>Children's Hospital</b>  Occupation <b>President</b></p>	<p>Date (Month day, Year) <b>01/23/97</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>E. Full Name, Mailing Address and Zip Code <b>Richard Slosky</b> Mt. Ascutney Hosp/Health Ctr. RR1, Box 6 Windsor, VT 05089</p>	<p>Name of Employer <b>Mt. Ascutney Hospital &amp; Health Center</b>  Occupation <b>Administrator</b></p>	<p>Date (Month day, Year) <b>01/24/97</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>F. Full Name, Mailing Address and Zip Code <b>Martin K. Miller</b> RD 1 East Montpelier, VT 05651</p>	<p>Name of Employer <b>Miller, Eggleston &amp; Rosenberg</b>  Occupation <b>Attorney</b></p>	<p>Date (Month day, Year) <b>01/24/97</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>G. Full Name, Mailing Address and Zip Code <b>Elaine Shepard Ullian</b> Boston Medical Center One Boston Medical Ctr. Place Boston, MA 02118</p>	<p>Name of Employer <b>Boston Medical Center</b>  Occupation <b>President &amp; CEO</b></p>	<p>Date (Month day, Year) <b>01/24/97</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		

<p>SUB TOTAL of Receipts This Page (Optional).....&gt;</p>	<p><b>1,750.00</b></p>
<p>TOTAL this Period (Last page this line number only).....&gt;</p>	<p></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 9  
FOR LINE NUMBER 11 a i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)  
American Hospital Association PAC

<p>A. Full Name, Mailing Address and Zip Code <b>Edward F. Kittredge</b> 9 Tannery Drive Medfield, MA 02052</p>	<p>Name of Employer <b>Massachusetts Respiratory Hospital</b></p> <p>Occupation <b>Hospital Administrator</b></p>	<p>Date (Month day, Year) <b>01/24/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>B. Full Name, Mailing Address and Zip Code <b>Charles E. Nahors</b> 1206 Herbert Street Demopolis, AL 36732</p>	<p>Name of Employer <b>Bryan W. Whitfield Memorial Hosp.</b></p> <p>Occupation <b>Administrator/CEO</b></p>	<p>Date (Month day, Year) <b>01/24/97</b></p>	<p>Amount of Each Receipt this Period <b>350.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>350.00</b></p>		
<p>C. Full Name, Mailing Address and Zip Code <b>Frank W. Harris</b> Russel Hospital US 280 Bypass, PO Box 939 Alexander City, AL 35010</p>	<p>Name of Employer <b>Russell Hospital</b></p> <p>Occupation <b>Administrator</b></p>	<p>Date (Month day, Year) <b>01/24/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>D. Full Name, Mailing Address and Zip Code <b>Barry Cochran</b> PO Box 1496 Fort Payne, AL 35967</p>	<p>Name of Employer <b>Cherokee-Dekalb Baptist Medical Center</b></p> <p>Occupation <b>President</b></p>	<p>Date (Month day, Year) <b>01/24/97</b></p>	<p>Amount of Each Receipt this Period <b>600.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>600.00</b></p>		
<p>E. Full Name, Mailing Address and Zip Code <b>Brian J. Osberg</b> 30 Chestnut Hill Rd. Chestnut Hill, MA 02167</p>	<p>Name of Employer <b>CareGroup</b></p> <p>Occupation <b>Senior Vice President</b></p>	<p>Date (Month day, Year) <b>01/24/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>F. Full Name, Mailing Address and Zip Code <b>Larry VanSant</b> 1006 North Main Street Mt. Airy, MD 21771</p>	<p>Name of Employer <b>Frederick Memorial Hospital</b></p> <p>Occupation <b>Hospital Administrator</b></p>	<p>Date (Month day, Year) <b>01/28/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>G. Full Name, Mailing Address and Zip Code <b>Sue Reeves</b> 14440 Trallwind Rd. Poway, CA 92064</p>	<p>Name of Employer <b>Palomar Pomerado Health Systems</b></p> <p>Occupation <b>Trustee</b></p>	<p>Date (Month day, Year) <b>01/28/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		

<p>SUB TOTAL of Receipts This Page (Optional).....&gt;</p>	<p><b>2,200.00</b></p>
<p>TOTAL this Period (Last page this line number only).....&gt;</p>	<p></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 8 OF 9  
FOR LINE NUMBER 11 a 1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)  
American Hospital Association PAC

<p>A. Full Name, Mailing Address and Zip Code <b>John H. Andrews</b> 1200 S. Pine Island Rd. Ste. 600 Fort Lauderdale, FL 33324</p>	<p>Name of Employer <b>InPhyNet Medical Management Inc.</b>  Occupation <b>Divisional Administrator</b></p>	<p>Date (Month day, Year) <b>01/28/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>B. Full Name, Mailing Address and Zip Code <b>Joan M. Evans Ph.D</b> Community HealthStyles Instit. 447 N. Lindbergh Blvd. St. Louis, MO 63141</p>	<p>Name of Employer <b>SSM Health Care System</b>  Occupation <b>Health Care Executive</b></p>	<p>Date (Month day, Year) <b>01/28/97</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>		
<p>C. Full Name, Mailing Address and Zip Code <b>Terrance G. Brusseau</b> 80 Country Club Drive Bismarck, ND 58501</p>	<p>Name of Employer <b>MedCenter One</b>  Occupation <b>President &amp; CEO</b></p>	<p>Date (Month day, Year) <b>01/28/97</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>		
<p>D. Full Name, Mailing Address and Zip Code <b>John K. Springer</b> Med-Span, Inc. 55 Farmington Ave., Ste. 601 Hartford, CT 06105-3711</p>	<p>Name of Employer <b>Med-Span, Inc.</b>  Occupation <b>Chairman</b></p>	<p>Date (Month day, Year) <b>01/28/97</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>		
<p>E. Full Name, Mailing Address and Zip Code <b>Robert C. Kidd</b> Wyoming Hospital Association 2005 Warren Avenue Cheyenne, WY 82003</p>	<p>Name of Employer <b>Wyoming Hospital Association</b>  Occupation <b>President</b></p>	<p>Date (Month day, Year) <b>01/28/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>F. Full Name, Mailing Address and Zip Code <b>Larry O. Barton</b> 3818 Loudouerry Lane Paducah, KY 42001</p>	<p>Name of Employer <b>Western Baptist Hospital</b>  Occupation <b>CEO</b></p>	<p>Date (Month day, Year) <b>01/28/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>G. Full Name, Mailing Address and Zip Code <b>David R. Hewett</b> American Hospital Assoc. 5721 Odana Road, Suite 200 Madison, WI 53719</p>	<p>Name of Employer <b>American Hospital Association</b>  Occupation <b>Regional Legislative Director</b></p>	<p>Date (Month day, Year) <b>01/28/97</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>		

SUB TOTAL of Receipts This Page (Optional).....> **2,750.00**

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

**SCHEDULE A ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in full)  
American Hospital Association PAC

<p>A. Full Name, Mailing Address and Zip Code <b>Mary A. Pittman</b> Hospital Research &amp; Ed. Trust One North Franklin Chicago, IL 60606</p>	<p>Name of Employer <b>Hospital Research &amp; Educational Trust</b></p> <p>Occupation <b>President</b></p>	<p>Date (Month day, Year) <b>01/28/97</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>		
<p>B. Full Name, Mailing Address and Zip Code <b>Thomas C. Dolan</b> Amer. College Healthcare Exec. One North Franklin St. Chicago, IL 60606</p>	<p>Name of Employer <b>American College of Healthcare Executives</b></p> <p>Occupation <b>Healthcare Executive</b></p>	<p>Date (Month day, Year) <b>01/28/97</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>		
<p>C. Full Name, Mailing Address and Zip Code <b>William H. Buckley</b> 291 Santarem Circle Port Charlotte, FL 33983</p>	<p>Name of Employer <b>AHAPAC Steering Committee Member</b></p> <p>Occupation <b>Retired</b></p>	<p>Date (Month day, Year) <b>01/28/97</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>		
<p>D. Full Name, Mailing Address and Zip Code <b>Victor L. Campbell</b> 1307 Chickering Road Nashville, TN 37215</p>	<p>Name of Employer <b>Columbia/HCA Healthcare Corp.</b></p> <p>Occupation <b>Sr. VP</b></p>	<p>Date (Month day, Year) <b>01/28/97</b></p>	<p>Amount of Each Receipt this Period <b>1,000.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>1,000.00</b></p>		
<p>E. Full Name, Mailing Address and Zip Code <b>Patricia R. Goldman</b> American Hospital Association 325 7th Street, NW Washington, DC 20004</p>	<p>Name of Employer <b>American Hospital Association</b></p> <p>Occupation <b>Government Relations</b></p>	<p>Date (Month day, Year) <b>01/28/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>F. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$</p>		
<p>G. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$</p>		<p><b>2,750.00</b></p>

<p>SUB TOTAL of Receipts This Page (Optional).....&gt;</p>	<p><b>2,750.00</b></p>
<p>TOTAL this Period (Last page this line number only).....&gt;</p>	<p><b>18,750.00</b></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **1** OF **1**  
FOR LINE NUMBER **12**

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NAME OF COMMITTEE (in full)  
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code <b>Healthcare Association of New York State</b> 74 N. Pearl Street Albany, NY 12207	Name of Employer  Occupation	Date (Month day, Year) <b>01/08/97</b>	Amount of Each Receipt this Period  <b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>1,000.00</b>		
B. Full Name, Mailing Address and Zip Code <b>Texas Hospital Association, Inc.</b> P.O. Box 15587 Austin, TX 78761-5587	Name of Employer  Occupation	Date (Month day, Year) <b>01/09/97</b>	Amount of Each Receipt this Period  <b>2,200.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>2,200.00</b>		
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).....>	<b>3,200.00</b>
TOTAL this Period (Last page this line number only).....>	<b>3,200.00</b>

**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 <b>CITIBANK</b> P.O. Box 19748 Washington, DC 20036	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period  421.37
	Occupation	01/31/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		421.37
B. 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 > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	421.37
TOTAL this Period (Last page this line number only).....>	421.37

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)  
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Abercrombie Back to Congress Box 2884 Washington, DC 20013	Voided Check - July 1996 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/31/97	-500.00
Baessler for Congress P.O. Box 2147 Lexington, KY 40595-2147	Voided Check - August 1996 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/31/97	-1,000.00
Brownback for Senate 2869 Beech Down Dr. Chantilly, VA 220213348	Sam Brownback, U.S. SENATE KS Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1996 Debt Retirement	01/16/97	5,000.00
Christopher Cannon for Congress 123 W. Center SE Provo, UT 84601	Christopher Cannon, U.S. HOUSE 3rd UT Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1996 Debt Retirement	01/16/97	1,500.00
DeWine for U.S. Senate 8 East Broad Street, 15th Floor Columbus, OH 43215	Mike DeWine, U.S. SENATE OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 2000	01/16/97	500.00
People for English Committee P.O. Box 1940 Erie, PA 16512	Voided Check - August 1996 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/31/97	-5,000.00
Fattah for Congress 2043 Walnut Street Philadelphia, PA 19103	Voided Check - July 1996 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/31/97	-1,000.00
Friends of Mark Foley 7414 74th Way West Palm Beach, FL 33407	Voided Check - March 1996 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/31/97	-500.00
Franks for Congress Committee P.O. Box 661 New Providence, NJ 07974	Voided Check - March 1995 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/31/97	-500.00

SUB TOTAL of Disbursements this page (Optional) .....> -1,500.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE	OF
2	3
FOR LINE NUMBER	
23	

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NAME OF COMMITTEE (in Full)  
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Franks for Congress Committee P.O. Box 661 New Providence, NJ 07974	Voided Check - December 1995 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/31/97	-500.00
Green for Congress P.O. Box 16128 Houston, TX 77222	Voided Check - October 1994 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1994	01/31/97	-1,000.00
Hall for Congress Committee P.O. Box 711 Rockwall, TX 75087	Voided Check - April 1996 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/31/97	-500.00
Hastert for Congress Committee 3047 Mozart Drive Silver Spring, MD 20904	Voided Check - October 1995 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/31/97	-500.00
Sheila Jackson Lee for Congress 4900 Woodway, Suite 670 Houston, TX 77056-1809	Voided Check - October 1994 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1994	01/31/97	-1,000.00
McCrary for Congress Committee 4010 Franconia Road Alexandria, VA 22310-2136	Voided Check - December 1995 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/31/97	-500.00
Buck McKeon for Congress Committee 3869 Beech Down Drive Chantilly, VA 22021-3348	Voided Check - Sept. 1995 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/31/97	-500.00
Friends of George Nethercutt 709 Secom St., NE Washington, DC 20002	Voided Check - May 1996 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/31/97	-1,000.00
Pete Peterson Campaign Fund P.O. Box 6916 Falls Church, VA 22046	Voided Check - Sept. 1995 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/31/97	-500.00

SUB TOTAL of Disbursements this page (Optional).....> -6,000.00

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

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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
Hal Rogers for Congress 7605 Timberly Court McLean, VA 22102	Voided Check - August 1996 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/31/97	-500.00
B. Full Name, Mailing Address and Zip Code Committee to Re-Elect Congresswoman Roukema P.O. Box 625 Ridgewood, NJ 07451	Voided Check - October 1994 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1994	01/31/97	-1,000.00
C. Full Name, Mailing Address and Zip Code Committee for Loretta Sanchez 124422 Woodbridge Garden Grove, CA 92643	Loretta Sanchez, U.S. HOUSE 46th CA Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1996 Debt Retirement	01/16/97	1,000.00
D. Full Name, Mailing Address and Zip Code Walden for Congress P.O. Box 1091 Hood River, OR 97031	Voided Check - July 1996 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/31/97	-500.00
E. Full Name, Mailing Address and Zip Code Mike Ward for Congress 1250 Bardstown Road Louisville, KY 40204-9879	Voided Check - August 1996 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/31/97	-500.00
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).....> -1,500.00

TOTAL this Period (Last page this line number only).....> -9,000.00

**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.

Hand Delivered

DATE OF RECEIPT

2-20-97

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*JES*  
PREPARER

2-21-97  
DATE PREPARED