

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

SEP 18 2 20 PM '98

1. NAME OF COMMITTEE (In full) American Hospital Association PAC		2. FEC IDENTIFICATION NUMBER C00106146
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 checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

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

Monthly Report Due On:

- February 20 June 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>08/01/98</u> through <u>08/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 510,304.30
(b) Cash on Hand at Beginning of Reporting Period	\$ 462,443.51	
(c) Total Receipts (from line 19)	\$ 55,096.70	\$ 433,279.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 517,540.21	\$ 943,583.35
7. Total Disbursements (from Line 30)	\$ 86,325.31	\$ 512,368.45
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d)) ..	\$ 431,214.90	\$ 431,214.90
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 302-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Al Jackson

Signature of Treasurer

Al Jackson

Date

9/17/98

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 (1/1/91)

NAME OF COMMITTEE American Hospital Association PAC		REPORT COVERING PERIOD FROM: 08/01/98 TO: 08/31/98	
		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).....		13,350.22	126,485.68
ii. Unitemized.....		28,513.53	174,730.80
iii. Total.....(add i and ii)>		41,863.75	301,216.48
b. Political Party Committees.....		0.00	0.00
c. Other Political Committees (such as PACs).....		0.00	0.00
d. Total Contributions.....(add aiii,b and c)>		41,863.75	301,216.48
12. Transfers From Affiliated/Other Party Committees.....		11,570.00	118,745.00
13. All Loans Received.....		0.00	0.00
14. Loan Repayments Received.....		0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....		0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		1,000.00	7,650.00
17. Other Federal Receipts (Dividends, Interest, etc.).....		662.95	5,667.57
18. Transfers from Nonfederal Account for Joint Activity.....		0.00	0.00
19. Total Receipts.....(add 11d,12,13,14,15,16,17,and 18)>		55,096.70	433,279.05
20. Total Federal Receipts.....(subtract line 18 from line 19)>		55,096.70	433,279.05
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share.....		0.00	0.00
ii. Non-Federal Share.....		0.00	0.00
b. Other Federal Operating Expenditures.....		16,350.31	88,955.19
c. Total Operating Expenditures.....(Add aii, and b)>		16,350.31	88,955.19
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		69,975.00	420,838.26
24. Independent Expenditures (use Schedule E).....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d)) (use Schedule F)....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees.....		0.00	75.00
b. Political Party Committees.....		0.00	0.00
c. Other Political Committees (Such As PACs).....		0.00	500.00
d. Total Contribution Refunds.....(Add a,b, and c)>		0.00	575.00
29. Other Disbursements.....		0.00	2,000.00
30. Total Disbursements.....(Add 21c,22,23,24,25,26,27,28d, and 29)>		86,325.31	512,368.45
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30)>		86,325.31	512,368.45
III. Net Contributions/Operating Expenditures			
32. Total Contributions (Other than loans)(from line 11d).....		41,863.75	301,216.48
33. Total Contribution Refunds (from line 28d).....		0.00	575.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....		41,863.75	300,641.48
35. Total Federal Operating Expenditures.....(add 21 aii and 21 b)>		16,350.31	88,955.19
36. Offsets to Operating Expenditures (from line 15).....		0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35)>		16,350.31	88,955.19

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **10**
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 or 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
Ed Patterson 8271 Tbg Loop Tualatin, OR 97062	Oregon Association of Hospitals & Health Systems	08/11/98	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Legislative Relations		
	Aggregate Year-to-date > \$	250.00	
Michael R. Fraser Pacific Communities Health PO Box 945 Newport, OR 97365-4820	Pacific Communities Health District	08/11/98	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Administrator		
	Aggregate Year-to-date > \$	250.00	
G. Kent Ballantyne 5772 Bay Creek Drive Lake Oswego, OR 97035-6764	Oregon Association of Hospitals & Health Systems	08/11/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Senior Vice President		
	Aggregate Year-to-date > \$	375.00	
Martin K. Miller RD 1 East Montpelier, VT 05651	Vermont Association of Hospitals & Health Systems	08/11/98	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Attorney		
	Aggregate Year-to-date > \$	250.00	
Dennis H. Descher 2302 Cumberland Ct., SW Decatur, AL 35603	Decatur General Hospital	08/11/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation VP Operations		
	Aggregate Year-to-date > \$	250.00	
Charles E. Nabors 1200 Hebert Street Demopolis, AL 36732	Bryan W. Whitfield Memorial Hospital	08/11/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Administrator/CEO		
	Aggregate Year-to-date > \$	500.00	
Robert L. Smith 2521 Circle Drive SE Decatur, AL 35609-2239	Decatur General Hospital	08/11/98	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	

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 2 OF 10
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and Zip Code Donald M. Ball 3467 Summerhill Drive Montgomery, AL 36111</p>	<p>Name of Employer Jackson Hospital & Clinic</p> <p>Occupation President</p>	<p>Date (Month day, Year) 08/11/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 500.00</p>		
<p>B. Full Name, Mailing Address and Zip Code Lester "Skip" Lamb 116 Greenbrier Drive Radford, VA 24141-2430</p>	<p>Name of Employer Carilion Radford Community Hospital</p> <p>Occupation Executive VP</p>	<p>Date (Month day, Year) 08/11/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>C. Full Name, Mailing Address and Zip Code William M. Moss 15790 Beacon Hill Dumfries, VA 22026-3399</p>	<p>Name of Employer Potomac Hospital</p> <p>Occupation President</p>	<p>Date (Month day, Year) 08/11/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>D. Full Name, Mailing Address and Zip Code John H. Greer 711 Oak St. Farmville, VA 23901-1119</p>	<p>Name of Employer Southside Community Hospital</p> <p>Occupation President</p>	<p>Date (Month day, Year) 08/11/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>E. Full Name, Mailing Address and Zip Code Kenneth B. Swenson 8104 Hillcrest Drive Manassas, VA 20110-4415</p>	<p>Name of Employer Prince William Hospital</p> <p>Occupation Executive Vice President</p>	<p>Date (Month day, Year) 08/11/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>F. Full Name, Mailing Address and Zip Code James Hughes 720 Potomac Knoll Dr. McLean, VA 22102</p>	<p>Name of Employer Inova Health System</p> <p>Occupation Sr. Vice President</p>	<p>Date (Month day, Year) 08/11/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>G. Full Name, Mailing Address and Zip Code Kellogg Hunt 5209 Fox Ridge Road Roanoke, VA 24014</p>	<p>Name of Employer Carilion Health System</p> <p>Occupation Executive VP</p>	<p>Date (Month day, Year) 08/11/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		

SUB TOTAL of Receipts This Page (Optional).....> **2,000.00**

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 10
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 John Knox Singleton 10509 Adel Road Oakton, VA 22124-1605</p>	<p>Name of Employer Inova Health System</p> <p>Occupation Healthcare Manager</p>	<p>Date (Month day, Year) 08/11/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>B. Full Name, Mailing Address and Zip Code H. Patrick Walters 8323 Private Lane Annandale, VA 22304-1594</p>	<p>Name of Employer Inova Health System</p> <p>Occupation President</p>	<p>Date (Month day, Year) 08/11/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>C. Full Name, Mailing Address and Zip Code Glen A. Reed Esq. 191 Peachtree Street #4100 Atlanta, GA 30303</p>	<p>Name of Employer King & Spalding</p> <p>Occupation Attorney</p>	<p>Date (Month day, Year) 08/14/98</p>	<p>Amount of Each Receipt this Period 375.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 375.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Brian E. Keeley 8900 N. Kendall Drive Miami, FL 33176</p>	<p>Name of Employer Baptist Health System of South Florida</p> <p>Occupation President/CEO</p>	<p>Date (Month day, Year) 08/17/98</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 400.00</p>		
<p>E. Full Name, Mailing Address and Zip Code Atul Madan M.D. 5385 Cooper Street Graceville, FL 32440-1932</p>	<p>Name of Employer Campbelton-Graceville Hospital</p> <p>Occupation Administrator</p>	<p>Date (Month day, Year) 08/17/98</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 400.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Stephen K. Wilson 3599 University Blvd. South Jacksonville, FL 32216-4245</p>	<p>Name of Employer Genesis Rehabilitation Hospital</p> <p>Occupation Administrator</p>	<p>Date (Month day, Year) 08/17/98</p>	<p>Amount of Each Receipt this Period 440.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 440.00</p>		
<p>G. Full Name, Mailing Address and Zip Code Patrick J. Madden 1309 Soundview Trall Gulf Breeze, FL 32561</p>	<p>Name of Employer Sacred Heart Health System</p> <p>Occupation President/CEO</p>	<p>Date (Month day, Year) 08/17/98</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 400.00</p>		

SUB TOTAL of Receipts This Page (Optional)> **2,515.00**

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

SCHEDULE A

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PAGE 4 OF 10
FOR LINE NUMBER 11 of 1

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
John J. Maher 181 Linkside Circle Ponte Vedra Beach, FL 32207	Baptist-St. Vincent's Health System Occupation: President and COO	08/17/98	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 400.00	
Randall K. Segler 6704 NW Grayson's Mt. Drive Lawton, OK 73505-6342	Comanche County Memorial Hospital Occupation: Chief Executive Officer	08/19/98	5.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 253.81	
James H. Skogsbergh 1746 NW 131st Street Clive, IA 50325	Iowa Methodist Medical Center Occupation: President	08/19/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00	
A. James Tinker 701 Tenth Street SE Cedar Rapids, IA 52403-1292	Mercy Medical Center Occupation: President & CEO	08/19/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00	
Consuelo Diaz 7601 E. Imperial Highway Downey, CA 90242	Lac-Rancho Los Amigos Medical Center Occupation: Chief Executive Officer	08/24/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 500.00	
Robert B. Burn Jr. 77 Pringle Way Reno, NV 89509	Washoe Health System Occupation: President	08/24/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 500.00	
James E. Cassidy RR1 Box 81 Turner, ME 04243-7291	Sisters of Charity Health Sys Occupation: CEO	08/24/98	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00	

SUB TOTAL of Receipts This Page (Optional)> 1,780.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 10
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Richard Willett P. O. Box 468 Skowhegan, ME 04976-0468	Redington-Fairview General Hospital Occupation: CEO	08/24/98	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Marlene Kreln 1031 7th Street Devils Lake, ND 58301-2719	Mercy Hospital Occupation: Administrator	08/24/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Edward J. Rosasco Jr. 3663 South Miami Avenue Miami, FL 33133-4237	Mercy Hospital Occupation: President	08/24/98	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		400.00
L. Jon Schurmeier 18697 E. Bagley Road Middleburg Heights, OH 44130-3417	Southwest General Health Center Occupation: President	08/24/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Ann Amer Brennan 1200 Sunset View Drive Akron, OH 44313-7839	Summa Health System Occupation: Board of Trustees	08/24/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Moultrie D. Plowden CHE P.O. Box 670 Roadok, AL 36274-0670	Randolph County Hospital Occupation: Administrator/CEO	08/25/98	355.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		605.00
James L. Armour 100 Hospital Avenue Ozark, AL 36360	Jackson County Hospital Occupation: Administrator	08/25/98	780.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		780.00

SUB TOTAL of Receipts This Page (Optional)> 2,410.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 10
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 Alvin D. Felgar 11 Whitehall Road Rochester, NH 03867</p>	<p>Name of Employer Frisbie Memorial Hospital</p> <p>Occupation President and CEO</p>	<p>Date (Month day, Year) 08/28/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>B. Full Name, Mailing Address and Zip Code Ann Marie T. Brooks R.N. 701 Pennsylvania Ave., NW No. 16 Washington, DC 20004-2608</p>	<p>Name of Employer American Organization of Nurse Executives</p> <p>Occupation Director of Nursing</p>	<p>Date (Month day, Year) 08/28/98</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 875.00</p>		
<p>C. Full Name, Mailing Address and Zip Code Dennis J. O'Malley 3175 S. Clarkson Englewood, CO 80909-2066</p>	<p>Name of Employer Craig Hospital</p> <p>Occupation Chief Executive Officer</p>	<p>Date (Month day, Year) 08/28/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 500.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Ronald L. Branish 975 E. Oxford Lane Englewood, CO 80110-4822</p>	<p>Name of Employer Craig Hospital</p> <p>Occupation Administrator</p>	<p>Date (Month day, Year) 08/28/98</p>	<p>Amount of Each Receipt this Period 375.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 375.00</p>		
<p>E. Full Name, Mailing Address and Zip Code Mary M. White 6035 Ida Way Englewood, CO 80111</p>	<p>Name of Employer Swedish Medical Center</p> <p>Occupation Hospital Administrator</p>	<p>Date (Month day, Year) 08/28/98</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 600.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Deborah Weiner 325 7th Street N.W. Washington, DC 20004-2801</p>	<p>Name of Employer American Hospital Association</p> <p>Occupation Associate Director</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 43.48 (\$21.74 Biweekly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 304.36</p>		
<p>G. Full Name, Mailing Address and Zip Code Alfred Jackson III American Hospital Association 325 7th Street, NW Washington, DC 20004</p>	<p>Name of Employer American Hospital Association</p> <p>Occupation Vice President Field Operations</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 43.48 (\$21.74 Biweekly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 304.36</p>		

<p>SUB TOTAL of Receipts This Page (Optional).....></p>	<p>1,711.96</p>
<p>TOTAL this Period (Last page this line number only).....></p>	<p></p>

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 or 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 Jonathan T. Lord M.D. American Hospital Association 325 Seventh St., NW Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year)	Amount of Each Receipt this Period Payroll Deduction (\$25.00)
	Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 325.00		Biweekly)
B. Full Name, Mailing Address and Zip Code Neil J. Jesule American Hospital Association 325 Seventh St., NW Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year)	Amount of Each Receipt this Period Payroll Deduction (\$21.74)
	Occupation SVP, Member Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 304.36		Biweekly)
C. Full Name, Mailing Address and Zip Code James A. Ball FACHE 2180 S. 1300 East, Ste. 440 Salt Lake City, UT 84106-2813	Name of Employer American Hospital Association	Date (Month day, Year)	Amount of Each Receipt this Period Payroll Deduction (\$26.32)
	Occupation Regional Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 289.52		Biweekly)
D. Full Name, Mailing Address and Zip Code Stephanie Nelson American Hospital Association 325 7th Street, NW Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year)	Amount of Each Receipt this Period Payroll Deduction (\$21.74)
	Occupation Regional Legislative Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 304.36		Biweekly)
E. Full Name, Mailing Address and Zip Code John F. Barry American Hospital Association 5 New England Executive Park Burlington, MA 01803-5006	Name of Employer American Hospital Association	Date (Month day, Year)	Amount of Each Receipt this Period Payroll Deduction (\$21.74)
	Occupation Regional Legislative Dir.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 304.36		Biweekly)
F. Full Name, Mailing Address and Zip Code Mark Skleckl American Hospital Association 325 7th Street, NW Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year)	Amount of Each Receipt this Period Payroll Deduction (\$21.74)
	Occupation PAC Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 304.36		Biweekly)
G. Full Name, Mailing Address and Zip Code Eileen M. Collins American Hospital Association 325 7th Street, NW Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year)	Amount of Each Receipt this Period Payroll Deduction (\$15.91)
	Occupation Policy Development Division		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 206.83		Biweekly)

SUB TOTAL of Receipts This Page (Optional).....> **308.38**

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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Anthony J. Giardino 400 Kruse Way Place Building 2 Suite 100 Lake Oswego, OR 97035-2543	American Hospital Association		
	Occupation Regional Executive	Payroll	58.84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Deduction	(\$29.42)
	Aggregate Year-to-date > \$	264.78	Biweekly)
Herb B. Kuhn American Hospital Association 325 7th Street, NW Washington, DC 20004	American Hospital Association		
	Occupation Vice President, Public Affairs	Payroll	43.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Deduction	(\$21.74)
	Aggregate Year-to-date > \$	304.36	Biweekly)
Calbreith L. Simpson 325 Seventh Street, NW Washington, DC 20004-2801	American Hospital Association		
	Occupation Regional Executive	Payroll	21.74
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Deduction	(\$10.87)
	Aggregate Year-to-date > \$	277.18	Biweekly)
James D. Bentley American Hospital Association 325 7th Street, NW Washington, DC 20004	American Hospital Association		
	Occupation Sr. Vice President	Payroll	43.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Deduction	(\$21.74)
	Aggregate Year-to-date > \$	304.36	Biweekly)
Ronald O. Purcell 802 West Rannock Street Suite 500 POB 1278 Boise, ID 83702-5837	American Hospital Association		
	Occupation Regional Executive	Payroll	43.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Deduction	(\$21.74)
	Aggregate Year-to-date > \$	304.36	Biweekly)
Richard J. Pollack American Hospital Association 325 7th Street, NW Washington, DC 20004	American Hospital Association		
	Occupation Executive Vice President	Payroll	83.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Deduction	(\$41.67)
	Aggregate Year-to-date > \$	625.05	Biweekly)
Paul Bolster 1675 Terrell Mill Rd. Suite #250 Marietta, GA 30067-8339	American Hospital Association		
	Occupation Regional Executive	Payroll	43.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Deduction	(\$21.74)
	Aggregate Year-to-date > \$	304.36	Biweekly)
SUB TOTAL of Receipts This Page (Optional).....>			337.84
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 9 OF 10
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 Kenneth A. Becker American Hospital Association 325 7th Street, NW Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation Nat'l Political/Grassroots Project	Payroll Deduction	43.48 (\$21.74)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 304.36		Biweekly
B. Full Name, Mailing Address and Zip Code Richard H. Wade American Hospital Association 325 Seventh Street, NW Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation Senior Vice President	Payroll Deduction	47.62 (\$23.81)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 309.53		Biweekly
C. Full Name, Mailing Address and Zip Code Stephen M. Ahnen American Hospital Association 325 7th Street, NW Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation Vice President/Special Asst.	Payroll Deduction	43.48 (\$21.74)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 304.36		Biweekly
D. Full Name, Mailing Address and Zip Code Lori Schor American Hospital Association 325 Seventh Street, NW Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation Associate Director, AHAPAC	Payroll Deduction	43.48 (\$21.74)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 304.36		Biweekly
E. Full Name, Mailing Address and Zip Code Carmela Coyle American Hospital Association 325 Seventh Street, NW Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation Vice President	Payroll Deduction	43.48 (\$21.74)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 304.36		Biweekly
F. Full Name, Mailing Address and Zip Code Sharon J. Swan American Hospital Association 325 7th Street, NW #700 Washington, DC 20004	Name of Employer American Hospital Association/AONE	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation Director of Policy, AONE	Payroll Deduction	52.64 (\$26.32)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 289.52		Biweekly
G. Full Name, Mailing Address and Zip Code Etta S. Fielek American Hospital Association 325 Seventh Street, NW Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation Vice President	Payroll Deduction	43.48 (\$21.74)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 304.36		Biweekly

SUB TOTAL of Receipts This Page (Optional).....> 317.66

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 10 OF 10
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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
Caroline E. Hissom 325 7th Street, NW Suite 700 Washington, DC 20004-2801	American Hospital Association Occupation: Associate Director	Payroll Deduction	43.48 (\$21.74)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 304.36		Biweekly)
Robert K. Kirk 1700 Sonny's Way Hollister, CA 95023-6632	American Hospital Association Occupation: Regional Executive	Payroll Deduction	43.48 (\$21.74)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 304.36		Biweekly)
Pamala L. Maher 3708 Brooks Place Suite 1 Sioux Falls, SD 57106-4207	American Hospital Association Occupation: Regional Executive	Payroll Deduction	45.46 (\$22.73)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 295.49		Biweekly)
Kristen Morris American Hospital Association 325 Seventh Street, Ste. 700 Washington, DC 20004	American Hospital Association Occupation: Federal Relations	Payroll Deduction	43.48 (\$21.74)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 304.36		Biweekly)
Alex White Jr., CHE 6225 US Hwy 290 E., POB 15587 Austin, TX 78761-5587	American Hospital Association Occupation: Regional Executive	Payroll Deduction	43.48 (\$21.74)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 304.36		Biweekly)
F. Full Name, Mailing Address and Zip Code	Name of Employer	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)	Occupation	Aggregate Year-to-date > \$	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	

SUB TOTAL of Receipts This Page (Optional).....>	219.38
TOTAL this Period (Last page this line number only).....>	13,350.22

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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Health Care Concerns PAC P.O. Box 37063 Kansas City, MO 64138		08/17/98	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation		
Aggregate Year-to-date > \$		2,500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
The Hospital Association of Pennsylvania PAC 4750 Lindle Road Harrisburg, PA 17105		08/18/98	9,070.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation		
Aggregate Year-to-date > \$		39,070.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	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)	Occupation		
Aggregate Year-to-date > \$			
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation		
Aggregate Year-to-date > \$			
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation		
Aggregate Year-to-date > \$			
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation		
Aggregate Year-to-date > \$			
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation		
Aggregate Year-to-date > \$			

SUB TOTAL of Receipts This Page (Optional).....>	11,570.00
TOTAL this Period (Last page this line number only).....>	11,570.00

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 Costello for Congress PO Box 8250 Belleville, IL 62222	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	08/24/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Aggregate Year-to-date > \$		1,000.00
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).....>	1,000.00
TOTAL this Period (Last page this line number only).....>	1,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE	OF
1	1
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NAME OF COMMITTEE (in full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
CITIBANK P.O. Box 19748 Washington, DC 20036		08/31/98	662.95
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$ 5,667.57	
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).....>			662.95
TOTAL this Period (Last page this line number only).....>			662.95

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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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
THE TARRANCE GROUP 201 N. Union Street Suite 410 Alexandria, VA 22314	Polling Services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/06/98	13,000.00
THE TARRANCE GROUP 201 N. Union Street Suite 410 Alexandria, VA 22314	In-Kind to Brian BUBray, US HOUSE 49th CA-Line 23 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/06/98	-4,875.00
MELLON BANK, NA Merchant Card Services 2 Mellon Bank Ctr., Rm. 152-0515 Pittsburgh, PA 15259-0001	Service Charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/17/98	66.06
AMERICAN EXPRESS Ste. 001 Chicago, IL 60679	Service Charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/17/98	1.14
AMERICAN EXPRESS Ste. 001 Chicago, IL 60679	Service Charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/28/98	4.55
PUBLIC OPINION STRATEGIES 1033 North Fairfax Suite 120 Alexandria, VA 22314	In-Kind to Bill Jenkins, US HOUSE 1st TN-Line 23 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/31/98	-4,875.00
PUBLIC OPINION STRATEGIES 1033 North Fairfax Suite 120 Alexandria, VA 22314	Polling Services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/31/98	13,000.00
AMERICAN EXPRESS Ste. 001 Chicago, IL 60679	Service Charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/31/98	2.28
	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		

SUB TOTAL of Disbursements this page (Optional).....> 16,324.03

TOTAL this Period (Last page this line number only).....> 16,324.03

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
FAIRCLOTH FOR SENATE 1998 P.O. Box 26585 Raleigh, NC 27611-6585	Lauch Faircloth, U.S. SENATE NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/03/98	1,000.00
JOHN SPRATT FOR CONGRESS COMMITTEE Post Office Box 3884 Washington, DC 20013	John M. Spratt, U.S. HOUSE 5th SC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/06/98	500.00
MCINTOSH FOR CONGRESS P.O. Box 2424 Muncie, IN 47307	David M. McIntosh, U.S. HOUSE 2nd IN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/06/98	600.00
COYNE FOR CONGRESS 555 New Jersey Avenue, N.W., Suite 281 Washington, DC 20001	William J. Coyne, U.S. HOUSE 14th PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/06/98	1,000.00
CITIZENS FOR RON KLINK COMMITTEE P.O. Box 474 Jeannette, PA 15644	Ron Klink, U.S. HOUSE 4th PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/06/98	1,000.00
RANGEL FOR THE 106TH CONGRESS COMMITTEE PO Box 5577 Manhattanville Station 365 West 125th Street New York, NY 10027	Charles B. Rangel, U.S. HOUSE 15th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/06/98	4,000.00
NATIONAL LEADERSHIP PAC 635 B Pennsylvania Ave. Washington, DC 20005	1998 Contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/06/98	5,000.00
RANGEL FOR THE 106TH CONGRESS COMMITTEE PO Box 5577 Manhattanville Station 365 West 125th Street New York, NY 10027	Charles B. Rangel, U.S. HOUSE 15th NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/06/98	1,000.00
THE TARRANCE GROUP 201 N. Union Street Suite 410 Alexandria, VA 22314	In-Kind to Brian P. Bilbray, U.S. HOUSE 49th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/06/98	4,875.00

SUB TOTAL of Disbursements this page (Optional).....> 18,975.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
DAVE CAMP FOR CONGRESS P.O. Box 423 Midland, MI 48640	Dave Camp, U.S. HOUSE 4th MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/07/98	2,000.00
B. Full Name, Mailing Address and Zip Code KOLBE '98 COMMITTEE 4010 Franconia Road Alexandria, VA 22310-2136	Jim Kolbe, U.S. HOUSE 5th AZ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/07/98	1,000.00
C. Full Name, Mailing Address and Zip Code SNOWBARGER FOR CONGRESS PO Box 3001 Olathe, KS 66063-3001	Vincent K. Snowbarger, U.S. HOUSE 3rd KS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/07/98	2,000.00
D. Full Name, Mailing Address and Zip Code CRANE FOR CONGRESS COMMITTEE P. O. Box 8534 Rolling Meadows, IL 60008-8534	Phillip M. Crane, U.S. HOUSE 8th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/07/98	2,000.00
E. Full Name, Mailing Address and Zip Code HERGER FOR CONGRESS COMMITTEE P.O. Box 40175 Washington, DC 20016	Wally Herger, U.S. HOUSE 2nd CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/07/98	1,000.00
F. Full Name, Mailing Address and Zip Code JIM DAVIS FOR CONGRESS 209 Blanca Avenue Tampa, FL 33606	Jim Davis, U.S. HOUSE 11th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/07/98	1,000.00
G. Full Name, Mailing Address and Zip Code BENTON FOR CONGRESS PO Box 5076 Vancouver, WA 98668	Benton, U.S. HOUSE 3rd WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/07/98	1,500.00
H. Full Name, Mailing Address and Zip Code GREEN FOR CONGRESS PO Box 23819 Green Bay, WI 54305	Mark Green, U.S. HOUSE 8th WI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/17/98	1,000.00
I. Full Name, Mailing Address and Zip Code LARSON FOR CONGRESS 29 Ruft Circle Glastonbury, CT 06033	Donald Larson, U.S. HOUSE 1st CT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/17/98	2,500.00

SUB TOTAL of Disbursements this page (Optional).....	14,000.00
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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FOR LINE NUMBER	
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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
DOUG OSE FOR CONGRESS 455 Capitol Mall Ste. 801 Sacramento, CA 95814	Doug Ose, U.S. HOUSE 3rd CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/17/98	2,500.00
PICKERING FOR CONGRESS c/o 2105 Mt. Vernon Avenue, No. 1 Alexandria, VA 22301	Chip Pickering, U.S. HOUSE 3rd MS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/17/98	1,000.00
FRIENDS OF BENNIE THOMPSON P.O. Box 100 Bolton, MS 39041	Bennie G. Thompson, U.S. HOUSE 2nd MS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/17/98	500.00
ROGER WICKER FOR CONGRESS P.O. Box 874 Tupelo, MS 38802	Roger F. Wicker, U.S. HOUSE 1st MS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/17/98	2,000.00
BENNETT FOR SENATE COMMITTEE 3001 Park Center Drive Ste. 118 Alexandria, VA 22302	Robert F. Bennett, U.S. SENATE UT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/21/98	1,000.00
COOK '98 CAMPAIGN 1800 BENEFICIAL LIFE TOWER PO Box 11336 SALT LAKE CITY, UT 84111	Merrill Cook, U.S. HOUSE 2nd UT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/21/98	650.00
COOK '98 CAMPAIGN 1800 BENEFICIAL LIFE TOWER PO Box 11336 SALT LAKE CITY, UT 84111	Merrill Cook, U.S. HOUSE 2nd UT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/21/98	2,850.00
JIM BUNNING 1717 Dixie Highway Suite 180 Ft. Wright, KY 41011	Jim Bunning, U.S. SENATE KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/21/98	5,000.00
PUBLIC OPINION STRATEGIES 1033 North Fairfax Suite 120 Alexandria, VA 22314	In-kind to Bill Jenkins, U.S. HOUSE 1st TN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/31/98	4,875.00

SUB TOTAL of Disbursements this page (Optional)..... > **20,375.00**

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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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
ROBERT ADERHOLT FOR CONGRESS PO Box 323 Haleyville, AL 35565	Robert B. Aderholt, U.S. HOUSE 4th AL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/31/98	2,000.00
MATT SALMON FOR U.S. CONGRESS 2942 North 24th Street Phoenix, AZ 85016	Matt Salmon, U.S. HOUSE 1st AZ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/31/98	1,000.00
MCINTOSH FOR CONGRESS P.O. Box 2424 Muncie, IN 47307	David M. McIntosh, U.S. HOUSE 2nd IN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/31/98	500.00
DELAHUNT FOR CONGRESS COMMITTEE 500 Victory Road Quincy, MA 02171	William Delahunt, U.S. HOUSE 10th MA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/31/98	2,000.00
FRIENDS FOR HOUGHTON 3869 Beech Down Drive Chantilly, VA 22021-3348	Anno Houghton, U.S. HOUSE 31st NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/31/98	2,625.00
MASCARA FOR CONGRESS P.O. Box 1109 Washington, PA 15301	Frank R. Mascara, U.S. HOUSE 20th PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/31/98	500.00
FRIENDS OF JOHN PETERSON 248 N Main Street Pleasantville, PA 16341	John E. Peterson, U.S. HOUSE 5th PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/31/98	500.00
FRIENDS OF SAM JOHNSON 3232 McKinney Avenue, Suite 855 Dallas, TX 75204	Sam Johnson, U.S. HOUSE 3rd TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/31/98	1,000.00
CITIZENS FOR ELEANOR HOLMES-NORTON 1225 Fifteenth Street, N.W. Washington, DC 20005	Eleanor Holmes Norton, U.S. HOUSE Delegate DC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/31/98	500.00

SUB TOTAL of Disbursements this page (Optional).....>	10,625.00
TOTAL this Period (Last page this line number only).....>	

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

SCHEDULE B ITEMIZED DISBURSEMENTS

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 or 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 MINGE FOR CONGRESS 146 North Carolina Avenue, S.E. Washington, DC 20003</p>	<p>Purpose of Disbursement David Minge, U.S. HOUSE 2nd MN</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 08/31/98</p>	<p>Amount of Each Disb. this Period 2,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code MINGE FOR CONGRESS 146 North Carolina Avenue, S.E. Washington, DC 20003</p>	<p>Purpose of Disbursement David Minge, U.S. HOUSE 2nd MN</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 08/31/98</p>	<p>Amount of Each Disb. this Period 3,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code JIM TURNER FOR CONGRESS COMMITTEE P.O. Box 780 Crockett, TX 75635</p>	<p>Purpose of Disbursement Jim Turner, U.S. HOUSE 2nd TX</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 08/31/98</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>H. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>I. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>

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

TOTAL this Period (Last page this line number only) > 69,975.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 9-18-98
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SW</i> PREPARER	9-18-98 DATE PREPARED