

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

JUN 20 10 43 AM '97

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		
CITY, STATE and ZIP CODE		
325 7th Street, NW Washington, DC 20004		3. <input checked="" type="checkbox"/> This committee has qualified as a noncandidate 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

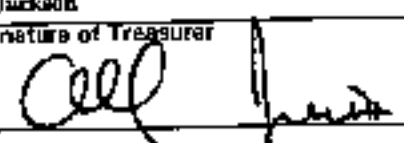
Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____

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
6. Covering Period <u>05/01/97</u> through <u>05/31/97</u>		
6(a) Cash on Hand January 1, 19 <u>97</u>		\$ 210,745.92
6(b) Cash on Hand at Beginning of Reporting Period	\$ 208,237.25	
6(c) Total Receipts (from line 19)	\$ 42,319.62	\$ 136,231.66
6(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 250,556.87	\$ 346,978.58
7. Total Disbursements (from Line 30)	\$ 39,933.79	\$ 136,355.50
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 210,623.08	\$ 210,623.08
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 B Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		

Type or Print Name of Treasurer
AJ Jackson

Signature of Treasurer  Date 6/18/97

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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DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE <i>American Hospital Association PAC</i>	REPORT COVERING PERIOD	
	FROM: 05/01/97	TO: 05/31/97
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	9,216.00	51,365.45
ii. Unitemized.....	16,365.62	57,089.07
iii. Total.....(add i and ii)>	25,581.62	108,454.52
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	2,000.00	2,000.00
d. Total Contributions.....(add aiii, b and c)>	27,581.62	110,454.52
12. Transfers From Affiliated/Other Party Committees.....	14,300.00	23,500.00
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.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	438.00	2,278.14
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)>	42,319.62	136,232.66
20. Total Federal Receipts.....(subtract line 18 from line 19)>	42,319.62	136,232.66
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.....	83.79	1,805.50
c. Total Operating Expenditures.....(Add a, all, and b)>	83.79	1,805.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39,850.00	132,050.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 4414(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	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds.....(Add a, b, and c)>	0.00	0.00
29. Other Disbursements.....	0.00	2,500.00
30. Total Disbursements.....(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)>	39,933.79	136,355.50
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30)>	39,933.79	136,355.50
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	27,581.62	110,454.52
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	27,581.62	110,454.52
35. Total Federal Operating Expenditures.....(add 21 ai and 21 b)>	83.79	1,805.50
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35)>	83.79	1,805.50

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **1**
FOR LINE NUMBER **11 c**

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 Health Care Concerns PAC P.O. Box 37063 Kansas City, MO 64138	Name of Employer Occupation	Date (Month day, Year) 05/28/97	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 2,000.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	2,000.00
TOTAL this Period (Last page this line number only).....>	2,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code Cristine McEntee American Hospital Association One North Franklin Chicago, IL 60606	Name of Employer American Hospital Association	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation Executive Vice President	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 > \$ 236.07		Biweekly
B. Full Name, Mailing Address and Zip Code Richard J. Pollack American Hospital Association 325 7th Street, NW Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation Exec. Vice President, Public Affairs	Payroll Deduction	83.34 (\$41.67)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 451.99		Biweekly
C. Full Name, Mailing Address and Zip Code Robert J. Donovan 234 South Madison Street Hinsdale, IL 60521	Name of Employer American Hospital Association	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation Director	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 > \$ 251.35		Biweekly
D. 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
	Occupation Regional Legislative Dir.	Payroll Deduction	41.66 (\$20.83)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 229.07		Biweekly
E. Full Name, Mailing Address and Zip Code Herb B. Kuhn 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 Congressional/Executive Branch Relations	Payroll Deduction	41.66 (\$20.83)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 229.07		Biweekly
F. Full Name, Mailing Address and Zip Code Sidney Jacob American Hospital Association One North Franklin Chicago, IL 60606	Name of Employer American Hospital Association	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation Assistant Treasurer	Payroll Deduction	41.66 (\$20.83)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 387.47		Biweekly
G. Full Name, Mailing Address and Zip Code Mary Grealy 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 Sr. Washington Counsel	Payroll Deduction	20.84 (\$10.42)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 343.78		Biweekly

SUB TOTAL of Receipts This Page (Optional) > 320.08

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
2	7
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 James D. Bentley American Hospital Association 325 7th Street, NW Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 41.68 (\$20.84 Biweekly)
	Occupation Vice President	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 229.24		
B. 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) Payroll	Amount of Each Receipt this Period 41.66 (\$20.83 Biweekly)
	Occupation Nat'l Political/Grassroots Project Dir	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 229.07		
C. 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) Payroll	Amount of Each Receipt this Period 41.68 (\$20.84 Biweekly)
	Occupation Senior Vice President	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 258.36		
D. 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) Payroll	Amount of Each Receipt this Period 41.68 (\$20.84 Biweekly)
	Occupation Vice President	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 278.48		
E. Full Name, Mailing Address and Zip Code Carla L. Luggiero American Hospital Association 325 7th Street, NW Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 20.84 (\$10.42 Biweekly)
	Occupation Legislative Affairs	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 385.38		
F. Full Name, Mailing Address and Zip Code Sharon J. Swan American Hospital Association 325 7th Street, NW Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 41.66 (\$20.83 Biweekly)
	Occupation Director of Policy, AONE	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 229.07		
G. Full Name, Mailing Address and Zip Code Deborah Weiner American Hospital Association 325 7th Street, NW Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 41.66 (\$20.83 Biweekly)
	Occupation Associate Director	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 238.04		

SUB TOTAL of Receipts This Page (Optional).....> **270.86**

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 7
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 Alfred Jackson III American Hospital Association 325 7th Street, NW Washington, DC 20004</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer American Hospital Association</p> <p>Occupation Vice President</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 41.66 (\$20.83 Biweekly)</p>
<p>Aggregate Year-to-date > \$ 258.87</p>			
<p>B. Full Name, Mailing Address and Zip Code Stephanie Nelson 1124 N. Taylor Street Arlington, VA 22201</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer American Hospital Association</p> <p>Occupation Regional Legislative Director</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 41.66 (\$20.83 Biweekly)</p>
<p>Aggregate Year-to-date > \$ 254.10</p>			
<p>C. Full Name, Mailing Address and Zip Code Kenneth L. Kuebler 1004 Carriage Court Jefferson City, MO 65109</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Missouri Hospital Association</p> <p>Occupation Executive Vice President</p>	<p>Date (Month day, Year) 05/08/97</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>Aggregate Year-to-date > \$ 250.00</p>			
<p>D. Full Name, Mailing Address and Zip Code Richard M. Ahell 5201 W. 98th Terrace Overland Park, KS 66207</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Cardondelet Health - Kansas City</p> <p>Occupation President</p>	<p>Date (Month day, Year) 05/08/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Aggregate Year-to-date > \$ 250.00</p>			
<p>E. Full Name, Mailing Address and Zip Code Patricia Dian Sprenger 3708 Southland Drive Columbia, MO 65201</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Missouri Hospital Association</p> <p>Occupation Senior Vice President</p>	<p>Date (Month day, Year) 05/08/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Aggregate Year-to-date > \$ 250.00</p>			
<p>F. Full Name, Mailing Address and Zip Code Laurens Sartoris VA Hospital & Healthcare Assn. P.O. Box 31394 Richmond, VA 23294</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Virginia Hospital & Healthcare Association</p> <p>Occupation President</p>	<p>Date (Month day, Year) 05/09/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Aggregate Year-to-date > \$ 250.00</p>			
<p>G. Full Name, Mailing Address and Zip Code Lester L. Lamb Radford Community Hospital 700 Randolph Street Radford, VA 24141</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Carilion Health System</p> <p>Occupation Executive VP</p>	<p>Date (Month day, Year) 05/09/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Aggregate Year-to-date > \$ 250.00</p>			

SUB TOTAL of Receipts This Page (Optional) > **1,233.32**

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
Mark Skiecki American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	American Hospital Association Occupation: Director of Political Affairs	Payroll Deduction	21.74 (\$21.74 Biweekly)
	Aggregate Year-to-date > \$ 215.52		
Ferry Townsend Texas Hospital Association P.O. Box 15587 Austin, TX 78761-5587 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Texas Hospital Association Occupation: President	05/16/97	250.00
	Aggregate Year-to-date > \$ 250.00		
Leo F. Greenawalt Washington State Hosp. Assn. 300 Elliott Avenue West, #300 Seattle, WA 98119-4118 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Washington State Hospital Association Occupation: Association President	05/19/97	500.00
	Aggregate Year-to-date > \$ 500.00		
Curtis Shipley 1132 E. Ridgeway Fayetteville, AR 72701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Washington Regional Medical Center Occupation: Director	05/19/97	500.00
	Aggregate Year-to-date > \$ 500.00		
Mary Lee Davis Michigan State University 420 Erickson Hall East Lansing, MI 48824-1046 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Sparrow Hospital & Health System Occupation: Chair	05/22/97	250.00
	Aggregate Year-to-date > \$ 250.00		
Waldo E. Cecil 300 Durango Court Irving, TX 75062 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Irving Healthcare System Occupation: Chair	05/27/97	250.00
	Aggregate Year-to-date > \$ 250.00		
Michael E. Schrader 1233 East Second Street Casper, WY 82601 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Wyoming Medical Center Occupation: Hospital Administrator	05/27/97	250.00
	Aggregate Year-to-date > \$ 250.00		

SUB TOTAL of Receipts This Page (Optional).....> **2,021.74**

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules 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 Jon Gates United Medical Center 300 East 23rd Street Cheyenne, WY 82001	Name of Employer United Medical Center	Date (Month day, Year) 05/27/97	Amount of Each Receipt this Period 250.00
	Occupation Administrator/CEO	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Henry Veenstra Zeeland Community Hospital 100 South Pine Street Zeeland, MI 49464	Name of Employer Zeeland Community Hospital	Date (Month day, Year) 05/27/97	Amount of Each Receipt this Period 250.00
	Occupation President	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code Young S. Suh Genesys Regional Medical Ctr. One Genesys Parkway Gland Blanc, MI 48439-1477	Name of Employer Genesys Regional Medical Center	Date (Month day, Year) 05/27/97	Amount of Each Receipt this Period 250.00
	Occupation President	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Charles Edstein MHHA 6215 West St. Joseph Hwy. East Lansing, MI 48917-4852	Name of Employer Michigan Health & Hospital Association	Date (Month day, Year) 05/27/97	Amount of Each Receipt this Period 250.00
	Occupation Vice President	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Marlene Hulteen MHHA 6215 W. St. Joseph Hwy. Lansing, MI 48917	Name of Employer Michigan Health & Hospital Association	Date (Month day, Year) 05/27/97	Amount of Each Receipt this Period 250.00
	Occupation Group Vice President	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code Spencer C. Johnson MHHA 6215 W. St. Joseph Hwy. Lansing, MI 48917	Name of Employer Michigan Health & Hospital Association	Date (Month day, Year) 05/27/97	Amount of Each Receipt this Period 250.00
	Occupation State Executive	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code Laura J. Resoutey 1063 Applegate Lane East Lansing, MI 48823-2117	Name of Employer Michigan Health & Hospital Association	Date (Month day, Year) 05/27/97	Amount of Each Receipt this Period 250.00
	Occupation Advocacy	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

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 Peter J. Schonfeld 1776 Yorway Dr. Howell, MI 48843	Name of Employer Michigan Health & Hospital Association	Date (Month day, Year) 05/27/97	Amount of Each Receipt this Period 255.00
	Occupation Policy & Health Delivery	Aggregate Year-to-date > \$ 255.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

B. Full Name, Mailing Address and Zip Code Mary E. Fox 4504 Wab-Wab-Soo Drive Gaylord, MI 49735	Name of Employer North Central Council of the MHA	Date (Month day, Year) 05/27/97	Amount of Each Receipt this Period 250.00
	Occupation Executive Director	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

C. Full Name, Mailing Address and Zip Code David A. Seaman 805 Ledge Moor Blvd. Grand Ledge, MI 48837	Name of Employer Michigan Health & Hospital Association	Date (Month day, Year) 05/27/97	Amount of Each Receipt this Period 255.00
	Occupation Executive Vice President	Aggregate Year-to-date > \$ 255.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

D. Full Name, Mailing Address and Zip Code Marlene Soderstrom Gr. Flint Area Hospital 702 S. Ballenger Highway Flint, MI 48532	Name of Employer Greater Flint Area Hospital Assembly	Date (Month day, Year) 05/27/97	Amount of Each Receipt this Period 250.00
	Occupation Director of Health Delivery	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

E. Full Name, Mailing Address and Zip Code Gerald D. Fitzgerald Oakwood Healthcare System 18101 Oakwood Blvd. Dearborn, MI 48124	Name of Employer Oakwood Healthcare System	Date (Month day, Year) 05/27/97	Amount of Each Receipt this Period 250.00
	Occupation President	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

F. Full Name, Mailing Address and Zip Code Ronald Wilmarth MHAIC 6215 West St. Joseph Hwy. Lansing, MI 48917	Name of Employer Michigan Hospital Association Insurance Company	Date (Month day, Year) 05/27/97	Amount of Each Receipt this Period 255.00
	Occupation President & CEO	Aggregate Year-to-date > \$ 255.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

G. Full Name, Mailing Address and Zip Code Frank Brock 18878 Sunbright Lathrop Village, MI 48076-1530	Name of Employer Providence Hospital & Medical Centers	Date (Month day, Year) 05/27/97	Amount of Each Receipt this Period 250.00
	Occupation Administrator	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....>	1,765.00
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 7 OF 7
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
Brian M. Connolly Providence Hospital 16001 W. Nine Mile Road Southfield, MI 48037	Providence Hospital & Medical Centers Occupation Hospital Administrator	05/27/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
David J. Campbell The Detroit Medical Center 4201 St. Antoine Blvd. Detroit, MI 48201-2194	The Detroit Medical Center Occupation President & CEO	05/27/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Kathleen Dickenson MHASC 6215 W. St. Joseph Hwy. Lansing, MI 48917	Michigan Health & Hospital Assn. Service Corp. Occupation MHA Service Corporation	05/27/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Gary Henriksen MHASC 6215 W. St. Joseph Highway Lansing, MI 48917	Michigan Health & Hospital Assn. Service Corp. Occupation MHA Service Corporation	05/27/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Fritz Kellermann 1805 Willow Woods Lane Lansing, MI 48917	Michigan Health & Hospital Assn. Service Corp. Occupation Executive Vice President	05/27/97	255.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 255.00		
Richard L. Conklin 4753 Quail Run Road Farmington, MO 63640	Parkland Health Center-Farmington Occupation Hospital Administrator	05/28/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Fred L. Brown BJC Health System 444 Forest Park Ave., Ste. 500 St. Louis, MO 63108-2259	BJC Health System Occupation President and CEO	05/29/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		

SUB TOTAL of Receipts This Page (Optional).....>	1,855.00
TOTAL this Period (Last page this line number only).....>	9,216.00

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

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 Montana Hospital Association PAC P.O. Box 5119 Helena, MT 59604	Name of Employer Occupation	Date (Month day, Year) 05/20/97	Amount of Each Receipt this Period 800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 800.00		
B. Full Name, Mailing Address and Zip Code The Hospital Association of Pennsylvania PAC 4750 Lindle Road Harrisburg, PA 17105	Name of Employer Occupation	Date (Month day, Year) 05/21/97	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 5,000.00		
C. Full Name, Mailing Address and Zip Code North Carolina HOSPAC - Federal P.O. Box 80428 Raleigh, NC 21623	Name of Employer Occupation	Date (Month day, Year) 05/30/97	Amount of Each Receipt this Period 8,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 8,500.00		
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) > **14,300.00**

TOTAL this Period (Last page this line number only) > **14,300.00**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
CITIBANK P.O. Box 19748 Washington, DC 20036		05/30/97	438.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation		
Aggregate Year-to-date > \$		2,242.92	
B. 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 > \$			
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).....> 438.00
 TOTAL this Period (last page this line number only).....> 438.00

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 of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Americans for a Republican Majority 117 Second Street, NE Ste. 2 Washington, DC 20002	1997 Contribution (ARMPAC) Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1997 year	05/28/97	1,000.00
Becerra for Congress PO Box 75214 Washington, DC 20013-5214	Xavier Becerra, U.S. HOUSE 30th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/09/97	500.00
Bennett for Senate Committee 3001 Park Center Drive, Suite 118 Alexandria, VA 22302	Robert F. Bennett, U.S. SENATE UT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/28/97	1,000.00
Re-elect Brian Bilbray for Congress Morgan, Meredith & Associates 4451 Brookfield Corp. Drive, Ste. 200 Chantilly, VA 20151	Brian P. Bilbray, U.S. HOUSE 49th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/09/97	500.00
Friends for Roy Blunt P.O. Box 278 Stafford, MO 65157	Roy Blunt, U.S. HOUSE 7th MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/28/97	1,000.00
Ben Cardin for Congress P.O. Box 65056 Baltimore, MD 21209	Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/13/97	5,000.00
Democratic Congressional Campaign Committee 430 South Capitol Street Washington, DC 20003	1997 Contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1997 year	05/19/97	15,000.00
John D. Dingell for Congress Committee 555 New Jersey Avenue, N.W., Suite 201 Washington, DC 20001	John D. Dingell, U.S. HOUSE 16th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/06/97	350.00
Anna Esboo for Congress 555 Bryant Street, Box 335 Palo Alto, CA 94301	Anna G. Esboo, U.S. HOUSE 14th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/09/97	500.00

SUB TOTAL of Disbursements this page (Optional).....> 24,850.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Congressman Bart Gordon Committee 4491 MacArthur Blvd., Ste. 201 Washington, DC 20007	Bart Gordon, U.S. HOUSE 6th TN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/09/97	500.00
Hastert for Congress Committee 3047 Mozart Drive Silver Spring, MD 20904	J. Dennis Hastert, U.S. HOUSE 14th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/07/97	1,000.00
Keep Our Majority PAC PO Box 422 Yorkville, IL 60560	1997 Contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1997 year	05/19/97	1,000.00
Citizens for Joe Kennedy P.O. Box 846 Cambridge, MA 02142	Joseph P. Kennedy, U.S. HOUSE 8th MA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/28/97	500.00
Lone Star Fund PO Box 4219 Dallas, TX 75208	1997 Contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1997 year	05/28/97	2,000.00
Menendez for Congress P.O. Box 523024 Springfield, VA 22152	Robert Menendez, U.S. HOUSE 13th NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/15/97	500.00
Mikulski for Senate P.O. Box 13147 Baltimore, MD 21203	Barbara A. Mikulski, U.S. SENATE MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/28/97	1,000.00
John Peterson for Congress 248 North Main Street Pleasantville, PA 16341	John Peterson, U.S. HOUSE 5th PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/06/97	500.00
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	05/09/97	1,000.00

SUB TOTAL of Disbursements this page (Optional)..... > 8,000.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
New Mexicans for Bill Redmond 1640 16th Street Las Alamos, NM 87544	Bill Redmond, U.S. HOUSE 3rd NM Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/28/97	1,000.00
B. Full Name, Mailing Address and Zip Code Steve Rothman for Congress PO Box 714 Hackensack, NJ 07602	Steve Rothman, U.S. HOUSE 9th NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/28/97	500.00
C. Full Name, Mailing Address and Zip Code Santorum 2000 P.O. Box 10495 Pittsburgh, PA 15234	Rick Santorum, U.S. SENATE PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 2000	05/06/97	2,000.00
D. Full Name, Mailing Address and Zip Code Karen Thurman for Congress Committee P.O. Box 2816 Gainesville, FL 32602	Karen L. Thurman, U.S. HOUSE 5th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/05/97	500.00
E. Full Name, Mailing Address and Zip Code Gerry Weller for Congress P.O. Box 450 Morris, IL 60450	Gerald C. Weller, U.S. HOUSE 11th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/06/97	3,000.00
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).....>	7,000.00
TOTAL this Period (Last page this line number only).....>	39,850.00

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

6/20/97

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

J.A.O.
PREPARER

6/20/97
DATE PREPARED