

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2003 MAY 18 4:00

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
American Hospital Association PAC

ADDRESS (number and street) Check if different than previously reported
325 7th Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20004

2. FEC IDENTIFICATION NUMBER
C00106146

3. This committee has qualified as a multi-candidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

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

Monthly Report Due On:

- February 20 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 Time Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 5. Covering Period <u>04/01/00</u> through <u>04/30/00</u> | | \$ 685,796.20 |
| 6. (a) Cash on Hand January 1, 2000 | | |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 510,693.64 | |
| (c) Total Receipts (from Line 19) | \$ 36,724.63 | \$ 150,356.21 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 547,318.17 | \$ 736,152.41 |
| 7. Total Disbursements (from Line 30) | \$ 86,237.43 | \$ 276,071.67 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 461,080.74 | \$ 461,080.74 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0.00 | |

For further information contact:
Federal Election Commission
800 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
5/10/00

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 9/99)

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 04/01/00 | TO 04/30/00 | |
| | COLUMN A Total This Period | COLUMN B Calendar Year | |
| I. Receipts | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | 17,392.80 | 63,591.31 | 11(a)(1) |
| i. Itemized (use Schedule A) | 7,484.72 | 36,601.04 | 11(a)(1)(i) |
| ii. Unitemized | | | 11(a)(1)(ii) |
| iii. Total (add i and ii) > | 24,877.52 | 100,192.35 | 11(b) |
| b. Political Party Committees | 0.00 | 0.00 | 11(c) |
| c. Other Political Committees (such as PACs) | 0.00 | 0.00 | 11(d) |
| d. Total Contributions (add a ii, b and c) > | 24,877.52 | 100,192.35 | 12 |
| 12. Transfers From Affiliated/Other Party Committees | 10,000.00 | 40,000.00 | 13 |
| 13. All Loans Received | 0.00 | 0.00 | 14 |
| 14. Loan Repayments Received | 0.00 | 0.00 | 15 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | 0.00 | 0.00 | 16 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 1,500.00 | 8,500.00 | 17 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 347.01 | 1,663.86 | 18 |
| 18. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 | 19 |
| 19. Transfers from Nonfederal Account for Joint Activity | 0.00 | 0.00 | 20 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 36,724.53 | 150,356.21 | |
| 20. Total Federal Receipts (subtract line 16 from line 19) > | 36,724.53 | 150,356.21 | |
| II. Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | 0.00 | 0.00 | 21(a)(1) |
| i. Federal Share | 0.00 | 0.00 | 21(a)(1)(i) |
| ii. Non-Federal Share | 24,612.43 | 51,050.05 | 21(a)(1)(ii) |
| b. Other Federal Operating Expenditures | 24,612.43 | 51,050.05 | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) > | 0.00 | 0.00 | 22 |
| 22. Transfers to Affiliated/Other Party Committees | 61,625.00 | 216,850.00 | 23 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 0.00 | 0.00 | 24 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 | 25 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 | 26 |
| 26. Loan Repayments Made | 0.00 | 0.00 | 27 |
| 27. Loans Made | | | |
| 28. Refunds of Contributions To: | 0.00 | 75.00 | 28(a) |
| a. Individual/Persons Other Than Political Committees | 0.00 | 0.00 | 28(b) |
| b. Political Party Committees | 0.00 | 0.00 | 28(c) |
| c. Other Political Committees (such as PACs) | 0.00 | 75.00 | 28(d) |
| d. Total Contribution Refunds (add a, b and c) > | 0.00 | 75.00 | 29 |
| 29. Other Disbursements | 86,237.43 | 275,071.67 | 30 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | 86,237.43 | 275,071.67 | 31 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | | | |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 24,877.52 | 100,192.35 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 75.00 | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 24,877.52 | 100,117.35 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | 24,612.43 | 51,050.05 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) > | 24,612.43 | 51,050.05 | 37 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 8
FOR LINE NUMBER 11 a i

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|--------------------------------------|------------------------------------|------------------------------------|
| Steven A. Millard Post Office Box 1278 Boise, ID 83701-1278 | Idaho Hospital Association | 04/07/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: President | Aggregate Year-to-Date > \$ 250.00 | |
| Michael J. Hill 125 Airport Road Concord, NH 03301-7300 | New Hampshire Hospital Association | 04/07/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: President | Aggregate Year-to-Date > \$ 500.00 | |
| John J. Buckley Jr. 735 Lake Shore Drive Murphysboro, IL 62968-5224 | Health Services of Southern Illinois | 04/07/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: CEO | Aggregate Year-to-Date > \$ 500.00 | |
| James M. Sanger 20 Clear Lake Centralia, IL 62801-3720 | St. Mary's Hospital | 04/07/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: President & CEO | Aggregate Year-to-Date > \$ 500.00 | |
| John J. Meehan 80 Seymour Street Post Office Box 5037 Hartford, CT 06102-8000 | Hartford Hospital | 04/07/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: President & CEO | Aggregate Year-to-Date > \$ 500.00 | |
| Kenneth L. Smithmier 2300 North Edward Street Decatur, IL 62526-4192 | Decatur Memorial Hospital | 04/07/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: CEO | Aggregate Year-to-Date > \$ 500.00 | |
| Philip D. Cusano 36 Kent Lane Trumbull, CT 06611-1013 | Stamford Health System | 04/07/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: President & CEO | Aggregate Year-to-Date > \$ 500.00 | |

SUBTOTAL of Receipts This Page (optional)

3,250.00

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 **8**
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 |
|---|---|-------------------------|------------------------------------|
| Darryl L. Vandervort 848 Riverside Drive Dixon, IL 61021-3187 | Katherine Shaw Bethea Hospital Occupation: CEO | 04/07/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500.00 | | |
| James W. McDowell 700 Country Club Road Centralla, IL 62801-3748 | St. Mary's Hospital Occupation: President & CEO | 04/07/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250.00 | | |
| Leo F. Childers Jr. 605 North 12th Street Mount Vernon, IL 62864-2899 | Good Samaritan Regional Health Center Occupation: President | 04/07/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500.00 | | |
| Patrick Magoon 2300 Children's Plaza Chicago, IL 60614-3394 | Children's Memorial Hospital Occupation: Hospital Administrator | 04/07/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500.00 | | |
| Kenneth J. Rojek 333 Russellwood Court Schaumburg, IL 60193 | Lutheran General Hospital Occupation: Chief Executive | 04/07/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500.00 | | |
| Mary Elizabeth Savary-Taylor 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 | American Hospital Association Occupation: Director | 04/07/00 | 125.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250.00 | | |
| Clark Ballard 6215 W. St. Joseph Highway Lansing, MI 48917-4852 | Southwestern Michigan Hospital Council Occupation: President | 04/11/00 | 255.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 255.00 | | |

SUBTOTAL of Receipts This Page (optional)

2,630.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 3 OF 8
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 |
|---|--|--------------------------------------|------------------------------------|
| Alan W. Brass FACHE 2121 Hughes Drive 4th Floor Toledo, OH 43606-3845 | Promedica Health System | 04/11/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President | Aggregate Year-to-Date > \$ 1,500.00 | |
| Spencer C. Johnson 6215 W. St. Joseph Hwy. Lansing, MI 48917-4852 | Michigan Health & Hospital Association | 04/11/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President | Aggregate Year-to-Date > \$ 500.00 | |
| Jacque W. Sammet 5361 East Hidden Lake Drive East Lansing, MI 48823-7220 | MHA Insurance Company | 04/11/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President Emeritus | Aggregate Year-to-Date > \$ 500.00 | |
| Brian R. Mitter 17 Belmont Avenue Brattleboro, VT 05301-3460 | Brattleboro Memorial Hospital | 04/11/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President | Aggregate Year-to-Date > \$ 250.00 | |
| Richard A. Bervenik 112 Mansfield Avenue Willimantic, CT 06226-2040 | Windham Hospital | 04/11/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President and CEO | Aggregate Year-to-Date > \$ 250.00 | |
| Richard J. Umbdenstock 9 East Ninth Avenue Spokane, WA 99202-1209 | Providence Services | 04/11/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President & CEO | Aggregate Year-to-Date > \$ 500.00 | |
| Evyonne Ulmer 475 LaFayette Street PO Box 1001 Ionia, MI 48846-1899 | Ionia County Memorial Hospital | 04/11/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Chief Executive Officer | Aggregate Year-to-Date > \$ 250.00 | |

SUBTOTAL of Receipts This Page (optional)

3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 8
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 |
|---|---|------------------------------------|------------------------------------|
| Paul Bolster 60 11th Street Atlanta, GA 30309-3970 | St. Joseph's Hospital of Atlanta | 04/11/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Vice President | Aggregate Year-to-Date > \$ 250.00 | |
| Charles L. Foster Jr., FACHE 1514 Vernon Road Lagrange, GA 30240-4131 | West Georgia Medical Center | 04/11/00 | 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 | |
| Marlene K. Hulteen 6215 W. St. Joseph Hwy. Lansing, MI 48917-4852 | Michigan Health & Hospital Association | 04/11/00 | 255.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Group Vice President | Aggregate Year-to-Date > \$ 255.00 | |
| C. Wayne Rice PhD 1226 Huron Road Cleveland, OH 44115-1789 | The Center for Health Affairs | 04/11/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President | Aggregate Year-to-Date > \$ 500.00 | |
| Charles P. Swisher CHE 2121 Hughes Drive 4th Floor Toledo, OH 43608-3845 | ProMedica Health System | 04/11/00 | 600.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Corp. Vice President | Aggregate Year-to-Date > \$ 600.00 | |
| Donald Faulk 691 Cherry Street Suite 300 Macon, GA 31201-2688 | Central Georgia Health System | 04/11/00 | 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 | |
| Michael R. Gloor Post Office Box 9804 Grand Island, NE 68802-9804 | St. Francis Medical Center | 04/11/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President and CEO | Aggregate Year-to-Date > \$ 250.00 | |

SUBTOTAL of Receipts This Page (optional)

2,255.00

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 **5** OF **8**
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 |
|---|---|---|------------------------------------|
| Brenda Neubauer-Straus 501 East 79th St. No. 15B New York, NY 10021-0772 | New York Presbyterian Healthcare Network | 04/11/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Government Relations | Aggregate Year-to-Date > \$ 250.00 | |
| W. Daniel Barker 50 South Prado NE Atlanta, GA 30309-3309 | Wesley Woods Geriatric Hospital | 04/11/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Past Chairman | Aggregate Year-to-Date > \$ 250.00 | |
| Tom Dickinson 6215 W. St. Joseph Hwy. Lansing, MI 48917-4852 | MHA Insurance Company | 04/11/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Sr. Vice President | Aggregate Year-to-Date > \$ 500.00 | |
| Gary Henriksen 6215 W. St. Joseph Highway Lansing, MI 48917-4852 | Michigan Health & Hospital Assn. Service Corp. | 04/11/00 | 255.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Group Vice President | Aggregate Year-to-Date > \$ 255.00 | |
| Marilyn Litka-Klein 6215 West St. Joseph Hwy. Lansing, MI 48917-4852 | Michigan Health & Hospital Association | 04/11/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Sr. Director, Health Financial | Aggregate Year-to-Date > \$ 250.00 | |
| Brian Peters 6215 West St. Joseph Hwy. Lansing, MI 48917-4852 | Michigan Health & Hospital Association | 04/11/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Vice President | Aggregate Year-to-Date > \$ 250.00 | |
| Joseph M. Letnaunchyn 1280 S. Governors Avenue Dover, DE 19904-4802 | Delaware Healthcare Association | 04/18/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President | Aggregate Year-to-Date > \$ 250.00 | |

SUBTOTAL of Receipts This Page (optional)

2,005.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE **6** OF **8**
FOR LINE NUMBER **11 a**

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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 |
|---|--|-------------------------|------------------------------------|
| Kathleen D. Sanford RN 11707 Carriage Place Olalla, WA 98359-4270 | Harrison Memorial Hospital Occupation: Vice President, Nursing | 04/18/00 | 25.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 1 275.00 | | |
| Mary O'Connor 500 Hospital Drive Warrenton, VA 20186-3099 | Fauquier Hospital Occupation: Director of Nursing | 04/18/00 | 25.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 5 275.00 | | |
| William E. Kessler 1216 North Hanser Lane Godfrey, IL 62035-1840 | Saint Anthony's Health Center Occupation: President | 04/20/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 5 250.00 | | |
| Donald R. Oder 1523 West Harrison Street Suite 384 Chicago, IL 60607-3105 | Rush-Presbyterian-St. Luke's Medical Center Occupation: Administrator | 04/20/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 3 500.00 | | |
| Rex H. Brown 1200 East Tremont Street Hillsboro, IL 62049-1900 | Hillsboro Area Hospital Occupation: President | 04/20/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 6 250.00 | | |
| Ralph W. Muller 5841 S. Maryland Chicago, IL 60637-1483 | University Medical Center Occupation: President | 04/20/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 5 500.00 | | |
| D. Ray Slaubaugh 1560 E. Sycamore Street Canton, IL 61520-2497 | Graham Hospital Occupation: President | 04/20/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 5 250.00 | | |

SUBTOTAL of Receipts This Page (optional) **1,800.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 7 OF 8
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 |
|--|---|---|------------------------------------|
| Ed Patterson 2656 Hazelnut Drive Woodburn, OR 97071-9054 | Oregon Association of Hospitals & Health Systems | 04/27/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Legislative Relations | Aggregate Year-to-Date > \$ 250.00 | |
| Dwight L. Fine Post Office Box 60 Jefferson City, MO 65102-0060 | Missouri Hospital Association | 04/27/00 | 55.56 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Senior Vice President | Aggregate Year-to-Date > \$ 222.20 | |
| G. Kent Ballantyne 4000 Kruce Way Place Building 2, Suite 100 Lake Oswego, OR 97035-5545 | Oregon Association of Hospitals & Health Systems | 04/27/00 | 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 > \$ 250.00 | |
| Kenneth M. Rutledge 4000 Kruce Way Place B-2, S-100 Lake Oswego, OR 97035-5545 | Oregon Association of Hospitals & Health Systems | 04/27/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President | Aggregate Year-to-Date > \$ 250.00 | |
| Kenneth M. Rutledge 4000 Kruce Way Place B-2, S-100 Lake Oswego, OR 97035-5545 | Oregon Association of Hospitals & Health Systems | 04/27/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President | Aggregate Year-to-Date > \$ 500.00 | |
| Kevin Earls 963 Parkway Drive NW Salem, OR 97304-5545 | OAHHS | 04/27/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Vice President | Aggregate Year-to-Date > \$ 250.00 | |
| Larry Walker 456 SE 16th Street Gresham, OR 97080-8322 | The Walker Company | 04/27/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President | Aggregate Year-to-Date > \$ 250.00 | |

SUBTOTAL of Receipts This Page (optional)

1,555.66

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 **8** OF **8**
FOR LINE NUMBER **11 a i**

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|--------------------------------------|--|------------------------------------|
| Alfred Jackson III 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association | Payroll | 90.92 |
| | Vice President | Deduction | (\$45.46) |
| | | Aggregate Year-to-Date \$ 272.76 | Biweekly |
| Richard J. Davidson 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association | Payroll | 186.16 |
| | President | Deduction | (\$93.08) |
| | | Aggregate Year-to-Date \$ 510.86 | Biweekly |
| James D. Bentley 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association | Payroll | 47.62 |
| | Sr. Vice President | Deduction | (\$23.81) |
| | | Aggregate Year-to-Date \$ 619.05 | Biweekly |
| Richard J. Pollack 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association | Payroll | 90.92 |
| | Executive Vice President | Deduction | (\$45.46) |
| | | Aggregate Year-to-Date \$ 272.76 | Biweekly |
| Alicia Mitchell 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association | Payroll | 45.46 |
| | Director, Media Relations | Deduction | (\$22.73) |
| | | Aggregate Year-to-Date \$ 386.38 | Biweekly |
| Kristen D. Morris 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association | Payroll | 90.92 |
| | Vice President | Deduction | (\$45.46) |
| | | Aggregate Year-to-Date \$ 272.76 | Biweekly |
| Don Nielsen MD One North Franklin Chicago, IL 60606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association | Payroll | 95.24 |
| | Sr. Vice President | Deduction | (\$47.62) |
| | | Aggregate Year-to-Date \$ 238.10 | Biweekly |

SUBTOTAL of Receipts This Page (optional) **647.24**

TOTAL This Period (last page this line number only) **17,392.80**

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 12

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

NAME OF COMMITTEE (in Full)
American Hospital Association PAC

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|------------------|--------------------------------------|------------------------------------|
| Pennsylvania HOSPAC 4750 Lindle Road Harrisburg, PA 17111-2428 | | 04/07/00 | 10,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > 6 20,000.00 | |
| 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 > \$ | |

SUBTOTAL of Receipts This Page (optional) 10,000.00

TOTAL This Period (last page this line number only) 10,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (in Full)
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 |
|---|------------------|------------------------------------|------------------------------------|
| Dooley for Congress PO Box 1367 Visalia, CA 93279 | | 04/18/00 | 1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 2000 | Occupation | Aggregate Year-to-Date \$ 1,000.00 | |
| Whitfield for Congress Committee PO Box 391 Hopkinsville, KY 42241-0391 | | 04/18/00 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 2000 | Occupation | Aggregate Year-to-Date \$ 500.00 | |
| 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 \$ | |

SUBTOTAL of Receipts This Page (optional) 1,500.00

TOTAL This Period (last page this line number only) 1,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | | |
|---|---|--|---|
| A. Full Name, Mailing Address and ZIP Code CITIBANK P.O. Box 19748 Washington, DC 20038 | Name of Employer | Date (month, day, year) 04/28/00 | Amount of Each Receipt this Period 347.01 |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date \$ 1,663.86 | | |
| 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 \$ | | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | 347.01 |
| TOTAL This Period (last page this line number only)..... | 347.01 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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 Disbursement This Period |
|---|---|-------------------------|---|
| 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) | 04/10/00 | 13,000.00 |
| B. Full Name, Mailing Address and ZIP Code Garin-Hart-Yang Research Group 1724 Connecticut Avenue, NW Washington, DC 20009 | Polling Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 04/10/00 | 13,000.00 |
| C. Full Name, Mailing Address and ZIP Code American Viewpoint, Inc. 300 N. Washington St. Ste. 505 Alexandria, VA 22314 | Polling Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 04/10/00 | 13,000.00 |
| D. Full Name, Mailing Address and ZIP Code American Viewpoint, Inc. 300 N. Washington St. Ste. 505 Alexandria, VA 22314 | In-Kind to Ed Whitfield, H-1-KY. See line 23. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/12/00 | -4,875.00 |
| E. Full Name, Mailing Address and ZIP Code Merchant Bankcard 1601 Elm Street Dallas, TX 75201 | Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 04/12/00 | 106.57 |
| F. Full Name, Mailing Address and ZIP Code Garin-Hart-Yang Research Group 1724 Connecticut Avenue, NW Washington, DC 20009 | In-Kind to John Spratt, H-5-SC. See Line 23 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/14/00 | -4,875.00 |
| G. Full Name, Mailing Address and ZIP Code Public Opinion Strategies 1033 North Fairfax Suite 120 Alexandria, VA 22314 | In-Kind to Jim Nussle, H-2- IA - See line 23. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/20/00 | -4,875.00 |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

24,581.57

TOTAL This Period (last page this line number only)

24,581.57

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
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 Disbursement This Period |
|---|--|-------------------------|---|
| Gary Miller for Congress Cmte 721 S. Brea Canyon Rd #7 Diamond Bar, CA 91789 | Voided Check Reported 01/26/2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/07/00 | -500.00 |
| Bayou Leader PAC 1230 Dartmouth Road Alexandria, VA 22314 | 2000 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/10/00 | 1,000.00 |
| Lone Star PAC PO Box 4219 Dallas, TX 75208 | 2000 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/10/00 | 5,000.00 |
| Jerry Weller for Congress P.O. Box 37 Joliet, IL 60434 | Gerald C. Weller, U.S. HOUSE 11th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/10/00 | 600.00 |
| Friends of Mark Foley 7414 74th Way West Palm Beach, FL 33407 | Mark Adam Foley, U.S. HOUSE 16th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/10/00 | 5,000.00 |
| John Lewis for Congress Committee P.O. Box 1491 Atlanta, GA 30301 | John Lewis, U.S. HOUSE 5th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/10/00 | 1,000.00 |
| Kilpatrick For United States Congress 7445 LaSalle Blvd Detroit, MI 48206 | Carolyn Kilpatrick, U.S. HOUSE 15th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/10/00 | 1,000.00 |
| Gary L. Ackerman for Congress P.O. Box 96 Fresh Meadows, NY 11385 | Gary L. Ackerman, U.S. HOUSE 5th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/10/00 | 1,000.00 |
| Don Sherwood for Congress 10 Bridgeover Tunkhannock, PA 18657 | Don Sherwood, U.S. HOUSE 10th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/10/00 | 500.00 |

SUBTOTAL of Disbursements This Page (optional)

14,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
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 Disbursement This Period |
|---|---|-------------------------|---|
| Murtha for ReElection Committee P.O. Box 1081 Johnstown, PA 15907 | John P. Murtha, U.S. HOUSE 12th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 2000 | 04/10/00 | 1,000.00 |
| Chet Edwards for Congress P.O. Box 23273 Waco, TX 76702 | Chet Edwards, U.S. HOUSE 11th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 2000 | 04/10/00 | 2,000.00 |
| Max Sandlin For Congress PO Box 1281 Marshall, TX 75670 | Max Sandlin, U.S. HOUSE 1st TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 2000 | 04/10/00 | 1,000.00 |
| Lazio for Congress 3869 Beach Down Drive Chantilly, VA 22021-3348 | Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 2000 | 04/11/00 | 2,500.00 |
| Ken Lucas for Congress Committee 8100 Burlington Pike Ste. 334 Florence, KY 41042 | Ken Lucas, U.S. HOUSE 4th KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000 | 04/12/00 | 1,000.00 |
| American Viewpoint, Inc. 300 N. Washington St. Ste. 505 Alexandria, VA 22314 | In-Kind to Ed Whitfield, U.S. HOUSE 1st KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000 | 04/12/00 | 4,875.00 |
| Hoolay for Congress 6404 Failing Street West Linn, OR 97068 | Carlene Hoolay, U.S. HOUSE 5th OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000 | 04/14/00 | 1,000.00 |
| Blumenauer for Congress PO BOX 1396 Portland, OR 97207 | Earl Blumenauer, U.S. HOUSE 3rd OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000 | 04/14/00 | 1,000.00 |
| Friends of Sherrod Brown 607 14th Street Suite 800 Washington, DC 20005 | Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 2000 | 04/14/00 | 5,000.00 |

SUBTOTAL of Disbursements This Page (optional)

19,375.00

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 3 OF 4
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 Disbursement This Period |
|---|--|-------------------------|---|
| Garlin-Hart-Yang Research Group 1724 Connecticut Avenue, NW Washington, DC 20009 | In-Kind to John M. Spratt, U.S. HOUSE 6th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/14/00 | 4,875.00 |
| B. Full Name, Mailing Address and ZIP Code Friends of John Boehner 790 North Vermont Street Arlington, VA 22203 | Purpose of Disbursement John A. Boehner, U.S. HOUSE 8th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/18/00 | 2,500.00 |
| C. Full Name, Mailing Address and ZIP Code Kay Granger Campaign Fund 910 Houston Street Suite 105-C Fort Worth, TX 76102 | Purpose of Disbursement Kay Granger, U.S. HOUSE 12th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/18/00 | 1,000.00 |
| D. Full Name, Mailing Address and ZIP Code Shadegg for Congress P.O. Box 45444 Phoenix, AZ 85064 | Purpose of Disbursement John Shadegg, U.S. HOUSE 4th AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/18/00 | 1,000.00 |
| E. Full Name, Mailing Address and ZIP Code Bob Stump for Congress P.O. Box F Tolleson, AZ 85363 | Purpose of Disbursement Bob Stump, U.S. HOUSE 3rd AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/18/00 | 2,000.00 |
| F. Full Name, Mailing Address and ZIP Code Pastor for Arizona P.O. Box 15014 Washington, DC 20003 | Purpose of Disbursement Ed Pastor, U.S. HOUSE 2nd AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/18/00 | 2,000.00 |
| G. Full Name, Mailing Address and ZIP Code Kolbe 2000 5418 E 6th Street Tucson, AZ 85750 | Purpose of Disbursement Jim Kolbe, U.S. HOUSE 5th AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/18/00 | 4,000.00 |
| H. Full Name, Mailing Address and ZIP Code Friends of Mike Forbes for Congress Committee Post Office Box 605 Farmingville, NY 11738 | Purpose of Disbursement Michael P. Forbes, U.S. HOUSE 1st NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/19/00 | 500.00 |
| I. Full Name, Mailing Address and ZIP Code Public Opinion Strategies 1033 North Fairfax Suite 120 Alexandria, VA 22314 | Purpose of Disbursement In-Kind to Jim Nussle, H-2-1A. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/20/00 | 4,875.00 |

SUBTOTAL of Disbursements This Page (optional)

22,750.00

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 4 OF 4
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 Disbursement This Period |
|--|--|-------------------------|---|
| Craig Thomas for Senate Committee Post Office Box 1580 Casper, WY 82602 | Craig Thomas, U.S. SENATE WY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/25/00 | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code Culberson for Congress Post Office Box 58489 Houston, TX 77256 | John Culberson, U.S. HOUSE 7th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/25/00 | 2,500.00 |
| C. Full Name, Mailing Address and ZIP Code Ryan for Congress PO Box 1919 Janesville, WI 53547 | Paul Ryan, U.S. HOUSE 1st WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/27/00 | 600.00 |
| D. Full Name, Mailing Address and ZIP Code Kind for Congress Committee PO Box 184 LaCrosse, WI 54602 | Ron Kind, U.S. HOUSE 3rd WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/27/00 | 500.00 |
| E. Full Name, Mailing Address and ZIP Code Citizens for Dave Obey P.O. Box 65671 Washington, DC 20035 | David R. Obey, U.S. HOUSE 7th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/27/00 | 500.00 |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement 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 Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

5,000.00

TOTAL This Period (last page this line number only)

61,825.00

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 <i>5-19-00</i> |
| <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>JMN</i> PREPARER | <i>5-19-00</i> DATE PREPARED |