

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
AUG 20 12 40 PM '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  325 7th Street, NW		
CITY, STATE and ZIP CODE  Washington, DC 20004		3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 100)

## 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>07/01/97</u> through <u>07/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u> .....		\$ 210,745.92
(b) Cash on Hand at Beginning of Reporting Period.....	\$ 208,190.54	
(c) Total Receipts (from line 19).....	\$ 79,017.64	\$ 264,128.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$ 287,208.18	\$ 474,874.32
7. Total Disbursements (from Line 30).....	\$ 28,519.47	\$ 216,185.61
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))..	\$ 258,688.71	\$ 258,688.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	\$ 0.00	For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 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

Al Jackson

Signature of Treasurer

*Al Jackson*

Date

8/18/97

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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FEC FORM 3X

(Revised 9/93)

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/97)

NAME OF COMMITTEE <b>American Hospital Association PAC</b>	REPORT COVERING PERIOD	
	FROM: 07/01/97	TO: 07/31/97
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	18,029.30	86,041.18
ii. Unitemized.....	32,831.74	109,740.35
iii. Total..... (add i and ii) >	50,861.04	195,781.53
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	2,000.00
d. Total Contributions..... (add all, b and c) >	50,861.04	197,781.53
12. Transfers From Affiliated/Other Party Committees.....	27,720.00	63,220.00
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.).....	436.60	3,126.87
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts..... (add 11 d, 12, 13, 14, 15, 16, 17, and 18) >	79,017.64	264,128.40
20. Total Federal Receipts..... (subtract line 18 from line 19) >	79,017.64	264,128.40
<b>II. Disbursements</b>		
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.....	8,179.47	10,095.61
c. Total Operating Expenditures..... (Add a i, a ii, and b) >	8,179.47	10,095.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20,100.00	203,350.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individual/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.....	240.00	2,740.00
30. Total Disbursements..... (Add 21 c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	28,519.47	216,185.61
31. Total Federal Disbursements..... (subtract line 21 a ii from line 30) >	28,519.47	216,185.61
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (Other than loans) (from line 11 d).....	50,861.04	197,781.53
33. Total Contribution Refunds (from line 28 d).....	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	50,861.04	197,781.53
35. Total Federal Operating Expenditures..... (add 21 a i and 21 b) >	8,179.47	10,095.61
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	8,179.47	10,095.61

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **1** OF **14**  
FOR LINE NUMBER **11 a i**

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NAME OF COMMITTEE (in full)  
American Hospital Association PAC

<p>A. Full Name, Mailing Address and Zip Code <b>Edward J. Patnesky</b> <b>Southampton Memorial Hospital</b> <b>100 Fairview Drive</b> <b>Franklin, VA 23851-0817</b></p>	<p>Name of Employer <b>Southampton Memorial Hospital</b></p> <p>Occupation <b>President and CEO</b></p>	<p>Date (Month day, Year) <b>07/02/97</b></p>	<p>Amount of Each Receipt this Period <b>125.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>212.50</b></p>		
<p>B. Full Name, Mailing Address and Zip Code <b>Cal Calhoun</b> <b>Georgia Hospital Association</b> <b>1675 Terrell Mill Road</b> <b>Marietta, GA 30067</b></p>	<p>Name of Employer <b>Georgia Hospital Association</b></p> <p>Occupation <b>VP, Financial Services</b></p>	<p>Date (Month day, Year) <b>07/02/97</b></p>	<p>Amount of Each Receipt this Period <b>125.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>C. Full Name, Mailing Address and Zip Code <b>Michael E. Garrigan</b> <b>St. Francis Hospital, Inc.</b> <b>P.O. Box 7000</b> <b>Columbus, GA 31901</b></p>	<p>Name of Employer <b>St. Francis Hospital, Inc.</b></p> <p>Occupation <b>Hospital CEO</b></p>	<p>Date (Month day, Year) <b>07/02/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>D. Full Name, Mailing Address and Zip Code <b>William A. Bell</b> <b>Florida Hospital Assoc.</b> <b>P.O. Drawer 469</b> <b>Tallahassee, FL 32302</b></p>	<p>Name of Employer <b>Florida Hospital Association</b></p> <p>Occupation <b>General Counsel</b></p>	<p>Date (Month day, Year) <b>07/02/97</b></p>	<p>Amount of Each Receipt this Period <b>600.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>600.00</b></p>		
<p>E. Full Name, Mailing Address and Zip Code <b>Kim Streit</b> <b>Florida Hospital Assoc.</b> <b>P.O. Box 536905</b> <b>Orlando, FL 32853-6905</b></p>	<p>Name of Employer <b>Florida Hospital Association</b></p> <p>Occupation <b>VP/Information Services</b></p>	<p>Date (Month day, Year) <b>07/02/97</b></p>	<p>Amount of Each Receipt this Period <b>280.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>280.00</b></p>		
<p>F. Full Name, Mailing Address and Zip Code <b>William G. Crone</b> <b>555 Mooringline Dr.</b> <b>Naples, FL 33940</b></p>	<p>Name of Employer <b>Naples Community Hospital</b></p> <p>Occupation <b>CEO</b></p>	<p>Date (Month day, Year) <b>07/02/97</b></p>	<p>Amount of Each Receipt this Period <b>400.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>400.00</b></p>		
<p>G. Full Name, Mailing Address and Zip Code <b>Duncan Moore</b> <b>2179 Miller Landing Rd.</b> <b>Tallahassee, FL 32312</b></p>	<p>Name of Employer <b>Tallahassee Memorial Regional Med. Ctr.</b></p> <p>Occupation <b>President/CEO</b></p>	<p>Date (Month day, Year) <b>07/02/97</b></p>	<p>Amount of Each Receipt this Period <b>400.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>400.00</b></p>		

SUB TOTAL of Receipts This Page (Optional) .....> **2,180.00**

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

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

<p>A. Full Name, Mailing Address and Zip Code  <b>William H. Anderson</b>  <b>South Florida Baptist Hospital</b>  <b>P.O. Drawer H</b>  <b>Plant City, FL 33566</b></p>	<p>Name of Employer  <b>South Florida Baptist Hospital</b></p> <p>Occupation  <b>Administrator/CEO</b></p>	<p>Date (Month day, Year)  <b>07/02/97</b></p>	<p>Amount of Each Receipt this Period    <b>400.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>400.00</b></p>		
<p>B. Full Name, Mailing Address and Zip Code  <b>Christine McEntee</b>  <b>American Hospital Association</b>  <b>One North Franklin</b>  <b>Chicago, IL 60606</b></p>	<p>Name of Employer  <b>American Hospital Association</b></p> <p>Occupation  <b>Executive Vice President</b></p>	<p>Date (Month day, Year)  <b>Payroll</b>  <b>Deduction</b></p>	<p>Amount of Each Receipt this Period    <b>45.46</b>  <b>(\$22.73</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>326.99</b></p>		<p><b>Biweekly)</b></p>
<p>C. Full Name, Mailing Address and Zip Code  <b>William C. Christenson</b>  <b>American Hospital Association</b>  <b>Five New England Exec. Park</b>  <b>Burlington, MA 01803</b></p>	<p>Name of Employer  <b>American Hospital Association</b></p> <p>Occupation  <b>Regional Director</b></p>	<p>Date (Month day, Year)  <b>Payroll</b>  <b>Deduction</b></p>	<p>Amount of Each Receipt this Period    <b>45.46</b>  <b>(\$22.73</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>275.03</b></p>		<p><b>Biweekly)</b></p>
<p>D. Full Name, Mailing Address and Zip Code  <b>Richard J. Pollack</b>  <b>American Hospital Association</b>  <b>325 7th Street, NW</b>  <b>Washington, DC 20004</b></p>	<p>Name of Employer  <b>American Hospital Association</b></p> <p>Occupation  <b>Exec. Vice President, Public Affairs</b></p>	<p>Date (Month day, Year)  <b>Payroll</b>  <b>Deduction</b></p>	<p>Amount of Each Receipt this Period    <b>83.34</b>  <b>(\$41.67</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>618.67</b></p>		<p><b>Biweekly)</b></p>
<p>E. Full Name, Mailing Address and Zip Code  <b>Lori Schor</b>  <b>American Hospital Association</b>  <b>325 Seventh Street, NW</b>  <b>Washington, DC 20004</b></p>	<p>Name of Employer  <b>American Hospital Association</b></p> <p>Occupation  <b>Associate Director, AHAPAC</b></p>	<p>Date (Month day, Year)  <b>Payroll</b>  <b>Deduction</b></p>	<p>Amount of Each Receipt this Period    <b>41.66</b>  <b>(\$20.83</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>270.79</b></p>		<p><b>Biweekly)</b></p>
<p>F. Full Name, Mailing Address and Zip Code  <b>Robert J. Donovan</b>  <b>234 South Madison Street</b>  <b>Hinsdale, IL 60521</b></p>	<p>Name of Employer  <b>American Hospital Association</b></p> <p>Occupation  <b>Director</b></p>	<p>Date (Month day, Year)  <b>Payroll</b>  <b>Deduction</b></p>	<p>Amount of Each Receipt this Period    <b>45.46</b>  <b>(\$22.73</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>342.27</b></p>		<p><b>Biweekly)</b></p>
<p>G. Full Name, Mailing Address and Zip Code  <b>John F. Barry</b>  <b>American Hospital Association</b>  <b>5 New England Executive Park</b>  <b>Burlington, MA 01803-5006</b></p>	<p>Name of Employer  <b>American Hospital Association</b></p> <p>Occupation  <b>Regional Legislative Dir.</b></p>	<p>Date (Month day, Year)  <b>Payroll</b>  <b>Deduction</b></p>	<p>Amount of Each Receipt this Period    <b>41.66</b>  <b>(\$20.83</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>312.39</b></p>		<p><b>Biweekly)</b></p>

SUB TOTAL of Receipts This Page (Optional) ..... > **703.04**

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

<b>A. Full Name, Mailing Address and Zip Code</b> Mark Seklecki American Hospital Association 325 7th Street, NW Washington, DC 20004		Name of Employer American Hospital Association  Occupation PAC Administration	Date (Month day, Year)  Payroll Deduction	Amount of Each Receipt this Period  43.48 (\$21.74 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 302.48		
<b>B. Full Name, Mailing Address and Zip Code</b> Herb B. Kuhn American Hospital Association 325 7th Street, NW Washington, DC 20004		Name of Employer American Hospital Association  Occupation Congressional/Executive Branch Relations	Date (Month day, Year)  Payroll Deduction	Amount of Each Receipt this Period  41.66 (\$20.83 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 322.39		
<b>C. Full Name, Mailing Address and Zip Code</b> Sidney Jacob American Hospital Association One North Franklin Chicago, IL 60606		Name of Employer American Hospital Association  Occupation Assistant Treasurer	Date (Month day, Year)  Payroll Deduction	Amount of Each Receipt this Period  41.66 (\$20.83 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 470.79		
<b>D. Full Name, Mailing Address and Zip Code</b> Molly Collins American Hospital Association 325 7th Street, NW Washington, DC 20004		Name of Employer American Hospital Association  Occupation Policy Development Division	Date (Month day, Year)  Payroll Deduction	Amount of Each Receipt this Period  29.18 (\$14.59 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 252.07		
<b>E. Full Name, Mailing Address and Zip Code</b> Paul Bolster American Hospital Association 1675 Terrell Mill Rd., #250 Marietta, GA 30067		Name of Employer American Hospital Association  Occupation So. Regional Legis. Director	Date (Month day, Year)  Payroll Deduction	Amount of Each Receipt this Period  41.66 (\$20.83 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 270.79		
<b>F. Full Name, Mailing Address and Zip Code</b> Richard J. Davidson American Hospital Association 325 7th Street, NW Washington, DC 20004		Name of Employer American Hospital Association  Occupation President	Date (Month day, Year)  Payroll Deduction	Amount of Each Receipt this Period  117.66 (\$58.83 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 352.98		
<b>G. Full Name, Mailing Address and Zip Code</b> Mary Grealy American Hospital Association 325 7th Street, NW Washington, DC 20004		Name of Employer American Hospital Association  Occupation Sr. Washington Counsel	Date (Month day, Year)  Payroll Deduction	Amount of Each Receipt this Period  20.84 (\$10.42 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 385.46		
<b>SUB TOTAL of Receipts This Page (Optional)</b> .....>				336.14
<b>TOTAL this Period (Last page this line number only)</b> .....>				

**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
<b>James D. Bentley</b> American Hospital Association 325 7th Street, NW Washington, DC 20004	American Hospital Association Occupation Sr. Vice President	Payroll Deduction	41.68 (\$20.84)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 312.60		Biweekly)
<b>Kenneth A. Becker</b> American Hospital Association 325 7th Street, NW Washington, DC 20004	American Hospital Association Occupation Nat'l Political/Grassroots Project 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 > \$ 312.39		Biweekly)
<b>Richard H. Wade</b> American Hospital Association 325 Seventh Street, NW Washington, DC 20004	American Hospital Association Occupation Senior Vice President	Payroll Deduction	41.68 (\$20.84)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 341.72		Biweekly)
<b>Stephen M. Ahnen</b> American Hospital Association 325 7th Street, NW Washington, DC 20004	American Hospital Association Occupation Vice President	Payroll Deduction	41.68 (\$20.84)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 361.84		Biweekly)
<b>Carmela Dyer-Coyle</b> American Hospital Association 325 Seventh Street, NW Washington, DC 20004	American Hospital Association Occupation Vice President	Payroll Deduction	43.48 (\$21.74)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.88		Biweekly)
<b>Carla L. Luggiero</b> American Hospital Association 325 7th Street, NW Washington, DC 20004	American Hospital Association Occupation Legislative Affairs	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 > \$ 427.06		Biweekly)
<b>Sharon J. Swan</b> American Hospital Association 325 7th Street, NW Washington, DC 20004	American Hospital Association Occupation Director of Policy, AONE	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 > \$ 312.39		Biweekly)

SUB TOTAL of Receipts This Page (Optional).....> 272.68

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
5	14
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
<b>Carolyn Foreina</b> American Hospital Assoc. 121 South Broad Street Philadelphia, PA 19107	<b>American Hospital Association</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Regional Executive</b>	Payroll Deduction	45.46 (\$22.73)
Aggregate Year-to-date > 4		275.03	Biweekly)
<b>Etta S. Fielek</b> American Hospital Association 325 Seventh Street, NW Washington, DC 20004	<b>American Hospital Association</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Vice President</b>	Payroll Deduction	41.66 (\$20.83)
Aggregate Year-to-date > 9		270.79	Biweekly)
<b>Deborah Welber</b> American Hospital Association 325 7th Street, NW Washington, DC 20004	<b>American Hospital Association</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Associate Director</b>	Payroll Deduction	41.66 (\$20.83)
Aggregate Year-to-date > 9		321.36	Biweekly)
<b>Alfred Jackson III</b> American Hospital Association 325 7th Street, NW Washington, DC 20004	<b>American Hospital Association</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Vice President</b>	Payroll Deduction	41.66 (\$20.83)
Aggregate Year-to-date > 9		342.19	Biweekly)
<b>Jonathan T. Lord M.D.</b> American Hospital Association 325 Seventh St., NW Washington, DC 20004	<b>American Hospital Association</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Chief Operating Officer</b>	Payroll Deduction	45.46 (\$22.73)
Aggregate Year-to-date > 9		250.03	Biweekly)
<b>Neil J. Jespele</b> American Hospital Association 325 Seventh St., NW Washington, DC 20004	<b>American Hospital Association</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Sr. Vice President</b>	Payroll Deduction	41.68 (\$20.84)
Aggregate Year-to-date > 9		290.92	Biweekly)
<b>Stephanie Nelson</b> 1124 N. Taylor Street Arlington, VA 22201	<b>American Hospital Association</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Regional Legislative Director</b>	Payroll Deduction	41.66 (\$20.83)
Aggregate Year-to-date > 9		337.42	Biweekly)
SUB TOTAL of Receipts This Page (Optional).....>			299.24
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
<b>Robert Kirk</b> AHA-California Healthcare Assn 1700 Sonny's Way Hollister, CA 95023	<b>American Hospital Association</b> Occupation <b>Regional Executive</b>	<b>Payroll</b> <b>Deduction</b>	<b>45.46</b> <b>(\$22.73</b> <b>Biweekly)</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.03</b>		
<b>J. Richard Gaintor M.D.</b> Shands Health System P.O. Box 100326 Gainesville, FL 32610-0326	<b>Shands Health System</b> Occupation <b>President and CEO</b>	<b>07/08/97</b>	<b>400.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>400.00</b>		
<b>Kathryn A. Reep</b> 19 W. New Hampshire Orlando, FL 32804	<b>Florida Hospital Association</b> Occupation <b>VP/Finance</b>	<b>07/08/97</b>	<b>240.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>240.00</b>		
<b>Neil H. Whipkey</b> Campbellton-Graceville Hosp. 5429 College Dr. Graceville, FL 32440	<b>Campbellton-Graceville Hospital</b> Occupation <b>Administrator</b>	<b>07/08/97</b>	<b>400.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>400.00</b>		
<b>Richard A. Lind</b> Memorial Health Systems 875 Sterthaus Avenue Ormond Beach, FL 32174	<b>Memorial Health Systems</b> Occupation <b>President/CEO</b>	<b>07/08/97</b>	<b>400.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>400.00</b>		
<b>Patrick J. Madden</b> 1309 Soundview Trail Gulf Breeze, FL 32561	<b>Sacred Heart Health System</b> Occupation <b>President/CEO</b>	<b>07/08/97</b>	<b>400.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>400.00</b>		
<b>John G. King</b> Legacy Health System 1919 N.W. Lovejoy Portland, OR 97209	<b>Legacy Health System</b> Occupation <b>President &amp; CEO</b>	<b>07/09/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		

SUB TOTAL of Receipts This Page (Optional).....> **2,135.46**

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
<b>Kenneth M. Rutledge</b> Oregon Assoc. Hosp. & Health 4000 Kruse Way Place Lake Oswego, OR 97035-2543	<b>Oregon Association of Hospitals &amp; Health Systems</b> Occupation: <b>President</b>	<b>07/09/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
<b>John A. Miller Jr., FACHE</b> 1205 Briarwood Avenue Anderson, SC 29621	<b>Anderson Area Medical Center</b> Occupation: <b>Administrator</b>	<b>07/09/97</b>	<b>550.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>550.00</b>		
<b>D. Kirk Oglesby Jr.</b> 1202 Melbourne Drive Anderson, SC 29621	<b>Anderson Area Medical Center</b> Occupation: <b>President/CEO</b>	<b>07/09/97</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>500.00</b>		
<b>Charles D. Beaman Jr., CHE</b> Baptist Healthcare System Taylor at Marlon Street Columbia, SC 29220	<b>Baptist Healthcare System of South Carolina</b> Occupation: <b>President</b>	<b>07/09/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
<b>James M. Bridges</b> 213 Lingsdale Road Columbia, SC 29212	<b>Baptist Health System</b> Occupation: <b>Executive Vice President</b>	<b>07/09/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
<b>Dean C. Kaster</b> 3 Oak Knob Court Simpsonville, SC 29681	<b>Roger C. Peace/Greenville Hospital System</b> Occupation: <b>Director of Planning</b>	<b>07/09/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
<b>Kester H. Freeman Jr.</b> 831 Kilboerne Road Columbia, SC 29205	<b>Richland Memorial Hospital</b> Occupation: <b>President</b>	<b>07/09/97</b>	<b>400.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>400.00</b>		
<b>SUB TOTAL of Receipts This Page (Optional)</b>			<b>2,450.00</b>
<b>TOTAL this Period (Last page this line number only)</b>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

<b>A. Full Name, Mailing Address and Zip Code</b> Kenneth A. Shall SC Hospital Association PO Box 6009 West Columbia, SC 29171-6009	Name of Employer <b>South Carolina Hospital Association</b>	Date (Month day, Year) <b>07/09/97</b>	Amount of Each Receipt this Period  <b>500.00</b>
	Occupation <b>President</b>	Aggregate Year-to-date > \$ <b>500.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>B. Full Name, Mailing Address and Zip Code</b> Christine R. Wray 22302 Bretmar Drive Leonardtown, MD 20650	Name of Employer <b>St. Mary's Hospital</b>	Date (Month day, Year) <b>07/10/97</b>	Amount of Each Receipt this Period  <b>220.00</b>
	Occupation <b>CEO</b>	Aggregate Year-to-date > \$ <b>220.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>C. Full Name, Mailing Address and Zip Code</b> Gerard D. Robiloti 28 Huntington Road Newtown, CT 06470	Name of Employer <b>Danbury Health System</b>	Date (Month day, Year) <b>07/11/97</b>	Amount of Each Receipt this Period  <b>500.00</b>
	Occupation <b>Hospital Administrator</b>	Aggregate Year-to-date > \$ <b>500.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>D. Full Name, Mailing Address and Zip Code</b> Michael F. Noc M.D. Buffalo General Hospital 100 High Street Buffalo, NY 14203	Name of Employer <b>Buffalo General Health System</b>	Date (Month day, Year) <b>07/11/97</b>	Amount of Each Receipt this Period  <b>500.00</b>
	Occupation <b>Medical Director of Professional Affairs</b>	Aggregate Year-to-date > \$ <b>500.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>E. Full Name, Mailing Address and Zip Code</b> Neil H. Whipkey Campbellton-Graceville Hosp. 5429 College Dr. Graceville, FL 32440	Name of Employer <b>Campbellton-Graceville Hospital</b>	Date (Month day, Year) <b>07/15/97</b>	Amount of Each Receipt this Period  <b>80.00</b>
	Occupation <b>Administrator</b>	Aggregate Year-to-date > \$ <b>480.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>F. Full Name, Mailing Address and Zip Code</b> Dallas Lorraine Carroll 1560 North Sandburg Terrace #3501 Chicago, IL 60610	Name of Employer <b>American Hospital Association</b>	Date (Month day, Year) <b>07/13/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Regional Executive</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>G. Full Name, Mailing Address and Zip Code</b> Robert T. Clarke Memorial Medical Center 800 N. Rutledge Street Springfield, IL 62781-0001	Name of Employer <b>Memorial Medical Center</b>	Date (Month day, Year) <b>07/15/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>CEO</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....> **2,300.00**

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

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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
<b>Bruce K. Crowther</b> Northwest Community Hosp. 800 W. Central Road Arlington Heights, IL 60005-2392	<b>Northwest Community Hospital</b>  Occupation <b>President &amp; CEO</b>	<b>07/15/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
<b>Edward A. Cucci</b> 3 Pheasant Row Lincolnshire, IL 60069	<b>Swedish Covenant Hospital</b>  Occupation <b>President</b>	<b>07/15/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
<b>Mark Deaton</b> IHHA 1151 E. Warrenville Rd. Naperville, IL 60566	<b>Illinois Hospital &amp; Health Systems Association</b>  Occupation <b>VP/General Counsel</b>	<b>07/15/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
<b>Kathleen Dunn</b> IHHA 700 South Second Street Springfield, IL 62704	<b>Illinois Hospital &amp; Health Systems Association</b>  Occupation <b>Assistant VP</b>	<b>07/15/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
<b>Jill Egan</b> IHHA 1151 E. Warrenville Rd. Naperville, IL 60566	<b>Illinois Hospital &amp; Health Systems Association</b>  Occupation <b>V.P., Constituencies</b>	<b>07/15/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
<b>David Harris</b> IHHA 1151 E. Warrenville Rd. PO3015 Naperville, IL 60566	<b>Illinois Hospital &amp; Health Systems Association</b>  Occupation <b>Senior VP, Government Relations</b>	<b>07/15/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
<b>Gary A. Mecklenburg</b> Northwestern Memorial Hospital 250 E. Superior Street Chicago, IL 60611	<b>Northwestern Memorial Hospital</b>  Occupation <b>President &amp; CEO</b>	<b>07/15/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		

SUB TOTAL of Receipts This Page (Optional).....> **1,750.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 10 OF 14  
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in full)  
American Hospital Association PAC

<p>A. Full Name, Mailing Address and Zip Code <b>Paul Pawlak</b> 415 Butternut Trail Frankfort, IL 60423</p>	<p>Name of Employer <b>Silver Cross Hospital</b></p> <p>Occupation <b>Management</b></p>	<p>Date (Month day, Year) <b>07/15/97</b></p>	<p>Amount of Each Receipt this Period <b>137.50</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>262.50</b></p>		
<p>B. Full Name, Mailing Address and Zip Code <b>William Ries</b> 1410 North Green Bay Road Lake Forest, IL 60045</p>	<p>Name of Employer <b>Lake Forest Hospital</b></p> <p>Occupation <b>President</b></p>	<p>Date (Month day, Year) <b>07/15/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>C. Full Name, Mailing Address and Zip Code <b>Ronald L. Sackett</b> 334 Flagg Court Hinsdale, IL 60521</p>	<p>Name of Employer <b>Hinsdale Hospital</b></p> <p>Occupation <b>President</b></p>	<p>Date (Month day, Year) <b>07/15/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>D. Full Name, Mailing Address and Zip Code <b>Richard R. Risk</b> 801 Clinton Place River Forest, IL 60305</p>	<p>Name of Employer <b>Trinity Hospital</b></p> <p>Occupation <b>President and CEO</b></p>	<p>Date (Month day, Year) <b>07/15/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>E. Full Name, Mailing Address and Zip Code <b>John J. Buckley Jr.</b> 735 Lake Shore Drive Murphysboro, IL 62966</p>	<p>Name of Employer <b>Health Services of Southern Illinois</b></p> <p>Occupation <b>CEO</b></p>	<p>Date (Month day, Year) <b>07/15/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>F. Full Name, Mailing Address and Zip Code <b>Robert T. Clarke</b> Memorial Medical Center 800 N. Rutledge Street Springfield, IL 62781-0001</p>	<p>Name of Employer <b>Memorial Medical Center</b></p> <p>Occupation <b>CEO</b></p>	<p>Date (Month day, Year) <b>07/15/97</b></p>	<p>Amount of Each Receipt this Period <b>2.50</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>252.50</b></p>		
<p>G. Full Name, Mailing Address and Zip Code <b>Carol Bradley RN</b> Huntington Memorial Hospital 100 W. California Blvd. Pasadena, CA 91109</p>	<p>Name of Employer <b>Huntington Memorial Hospital</b></p> <p>Occupation <b>Nurse Executive</b></p>	<p>Date (Month day, Year) <b>07/16/97</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>		
<p>SUB TOTAL of Receipts This Page (Optional).....&gt;</p>			<p><b>1,640.00</b></p>
<p>TOTAL this Period (Last page this line number only).....&gt;</p>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **11** OF **14**  
FOR LINE NUMBER **11 a i**

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NAME OF COMMITTEE (in full)  
American Hospital Association PAC

<p>A. Full Name, Mailing Address and Zip Code <b>George F. Bergstrom</b> American Hospital Association One North Franklin Street Chicago, IL 60606</p>	<p>Name of Employer <b>American Hospital Association</b></p> <p>Occupation <b>Association Exec.</b></p>	<p>Date (Month day, Year) <b>Payroll</b> <b>Deduction</b></p>	<p>Amount of Each Receipt this Period <b>11.37</b> <b>(\$11.37)</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>201.91</b></p>		<p><b>Biweekly)</b></p>
<p>B. Full Name, Mailing Address and Zip Code <b>Anthony J. Giardina</b> AHA-CAHHS 4000 Kruse Way Pl., Bld.2 #100 Lake Oswego, OR 97035</p>	<p>Name of Employer <b>American Hospital Association</b></p> <p>Occupation <b>Regional Executive</b></p>	<p>Date (Month day, Year) <b>Payroll</b> <b>Deduction</b></p>	<p>Amount of Each Receipt this Period <b>25.00</b> <b>(\$25.00)</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>225.00</b></p>		<p><b>Biweekly)</b></p>
<p>C. Full Name, Mailing Address and Zip Code <b>Donna J. Melkonian</b> American Hospital Association One North Franklin Street Chicago, IL 60606</p>	<p>Name of Employer <b>American Hospital Association</b></p> <p>Occupation <b>Director - Financial Policy</b></p>	<p>Date (Month day, Year) <b>Payroll</b> <b>Deduction</b></p>	<p>Amount of Each Receipt this Period <b>11.37</b> <b>(\$11.37)</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>201.91</b></p>		<p><b>Biweekly)</b></p>
<p>D. Full Name, Mailing Address and Zip Code <b>James A Ball</b> American Hospital Association 2180 South 1300 E. Ste 440 Salt Lake City, UT 84106</p>	<p>Name of Employer <b>American Hospital Association</b></p> <p>Occupation <b>Regional Executive</b></p>	<p>Date (Month day, Year) <b>Payroll</b> <b>Deduction</b></p>	<p>Amount of Each Receipt this Period <b>25.00</b> <b>(\$25.00)</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>225.00</b></p>		<p><b>Biweekly)</b></p>
<p>E. Full Name, Mailing Address and Zip Code <b>Kathryn A. Reep</b> 19 W. New Hampshire Orlando, FL 32804</p>	<p>Name of Employer <b>Florida Hospital Association</b></p> <p>Occupation <b>VP/Finance</b></p>	<p>Date (Month day, Year) <b>07/18/97</b> <b>Payroll</b> <b>Deduction</b></p>	<p>Amount of Each Receipt this Period <b>40.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>280.00</b></p>		
<p>F. Full Name, Mailing Address and Zip Code <b>Juan Rivera</b> Villa Nevarez Professional Ctr Ste. 103 San Juan, PR 00927</p>	<p>Name of Employer <b>Puerto Rico Hospital Association</b></p> <p>Occupation <b>Executive Vice President</b></p>	<p>Date (Month day, Year) <b>07/22/97</b> <b>Payroll</b> <b>Deduction</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>		
<p>G. Full Name, Mailing Address and Zip Code <b>Steven D. Wilkinson</b> Memorah Medical Center 5721 W. 119th St. Overland Park, KS 66215</p>	<p>Name of Employer <b>Memorah Medical Center</b></p> <p>Occupation <b>President &amp; CEO</b></p>	<p>Date (Month day, Year) <b>07/23/97</b> <b>Payroll</b> <b>Deduction</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>		

SUB TOTAL of Receipts This Page (Optional).....> **1,112.74**

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 12 OF 14  
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
<b>William K. Massie Jr.</b> 1621 Ashwood Drive Lexington, KY 40502	<b>University of Kentucky Hospital</b> Occupation <b>Chief OPS Officer</b>	<b>07/23/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		<b>250.00</b>
<b>Milton Brooks</b> P.O. Box 591 Pineville, KY 40977	<b>Pineville Community Hospital</b> Occupation <b>Administrator</b>	<b>07/23/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		<b>250.00</b>
<b>Brian Brezosky</b> 8007 Albrecht Cr. Louisville, KY 40241	<b>KHA</b> Occupation <b>VP/General Counsel</b>	<b>07/23/97</b>	<b>25.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		<b>225.66</b>
<b>Paige Clements</b> 5107 Fairwood Lane Louisville, KY 40291	<b>KHA</b> Occupation <b>VP/Information Services</b>	<b>07/23/97</b>	<b>25.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		<b>262.50</b>
<b>Nancy C. Galvagni</b> 7425 Woodhill Valley Road Louisville, KY 40241	<b>KHA</b> Occupation <b>Vice President</b>	<b>07/23/97</b>	<b>25.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		<b>226.07</b>
<b>Edward F. Kittredge</b> 9 Tannery Drive Medfield, MA 02052	<b>Quorum Health Resources, Inc.</b> Occupation <b>Hospital Administrator</b>	<b>07/25/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		<b>500.00</b>
<b>James F. Lyons</b> 520 Contuit Bay Drive Contuit, MA 02635	<b>Cape Cod Healthcare</b> Occupation <b>Healthcare Exec.</b>	<b>07/25/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		<b>250.00</b>

SUB TOTAL of Receipts This Page (Optional).....> **1,075.00**

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	DF
	13	14
FOR LINE NUMBER		11 a l

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

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Ellen M. Zane</b> <b>70 Lazell Street</b> <b>Hingham, MA 02043</b>	<b>Name of Employer</b> <b>Partners Healthcare System</b>  <b>Occupation</b> <b>Network President</b>	<b>Date (Month day, Year)</b> <b>07/25/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>B. Full Name, Mailing Address and Zip Code</b> <b>Edward J. Patnesky</b> <b>Southampton Memorial Hospital</b> <b>100 Fairview Drive</b> <b>Franklin, VA 23851-0817</b>	<b>Name of Employer</b> <b>Southampton Memorial Hospital</b>  <b>Occupation</b> <b>President and CEO</b>	<b>Date (Month day, Year)</b> <b>07/25/97</b>	<b>Amount of Each Receipt this Period</b>  <b>25.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>237.50</b>		
<b>C. Full Name, Mailing Address and Zip Code</b> <b>John N. Simpson</b> <b>Bon Secours-Richmond HCS</b> <b>1300 Westwood Avenue</b> <b>Richmond, VA 23217</b>	<b>Name of Employer</b> <b>Bon Secours Richmond Health System</b>  <b>Occupation</b> <b>Chairman of the Board</b>	<b>Date (Month day, Year)</b> <b>07/25/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>D. Full Name, Mailing Address and Zip Code</b> <b>John Knox Singleton</b> <b>10509 Adel Road</b> <b>Oakton, VA 22124</b>	<b>Name of Employer</b> <b>Inova Health System</b>  <b>Occupation</b> <b>Healthcare Manager</b>	<b>Date (Month day, Year)</b> <b>07/25/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>E. Full Name, Mailing Address and Zip Code</b> <b>Jay Cox</b> <b>601 Periwinkle Court</b> <b>Sumter, SC 29150</b>	<b>Name of Employer</b> <b>Tuomey Regional Medical Center</b>  <b>Occupation</b> <b>President and CEO</b>	<b>Date (Month day, Year)</b> <b>07/29/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>F. Full Name, Mailing Address and Zip Code</b> <b>Oneal S. Atkinson</b> <b>12390 Pine View Drive</b> <b>Clive, IA 50325-7503</b>	<b>Name of Employer</b> <b>Iowa Health System</b>  <b>Occupation</b> <b>Vice President, Managed Care</b>	<b>Date (Month day, Year)</b> <b>07/29/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>G. Full Name, Mailing Address and Zip Code</b> <b>Thomas J. Hesselmann</b> <b>Samaritan Health System, Inc.</b> <b>1410 No. 4th Street</b> <b>Clinton, IA 52732</b>	<b>Name of Employer</b> <b>Samaritan Health System, Inc.</b>  <b>Occupation</b> <b>CEO</b>	<b>Date (Month day, Year)</b> <b>07/29/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>SUB TOTAL of Receipts This Page (Optional).....&gt;</b>			<b>1,525.00</b>
<b>TOTAL this Period (Last page this line number only).....&gt;</b>			

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

<p>A. Full Name, Mailing Address and Zip Code <b>John C.J. Cronin</b> <b>North Adams Regional Hospital</b> <b>Hospital Avenue</b> <b>North Adams, MA 01247</b></p>	<p>Name of Employer <b>Northern Berkshire Health System</b></p> <p>Occupation <b>CEO</b></p>	<p>Date (Month day, Year) <b>07/31/97</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>B. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$</p>		
<p>C. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$</p>		
<p>D. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$</p>		
<p>E. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$</p>		
<p>F. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$</p>		
<p>G. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$</p>		

<p>SUB TOTAL of Receipts This Page (Optional).....&gt;</p>	<p><b>250.00</b></p>
<p>TOTAL this Period (Last page this line number only).....&gt;</p>	<p><b>18,029.30</b></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (in full)  
**American Hospital Association PAC**

<b>A. Full Name, Mailing Address and Zip Code</b> <b>California Healthcare Association PAC</b> <b>PO Box 1100</b> <b>Sacramento, CA 95812-1100</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	07/08/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		12,000.00
<b>B. Full Name, Mailing Address and Zip Code</b> <b>North Carolina HOSPAC - Federal</b> <b>P.O. Box 80428</b> <b>Raleigh, NC 21623</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	07/10/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		7,500.00
<b>C. Full Name, Mailing Address and Zip Code</b> <b>The Hospital Association of Pennsylvania PAC</b> <b>4750 Liddle Road</b> <b>Harrisburg, PA 17105</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	07/28/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		5,000.00
<b>D. Full Name, Mailing Address and Zip Code</b> <b>North Carolina HOSPAC - Federal</b> <b>P.O. Box 80428</b> <b>Raleigh, NC 21623</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	07/30/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		3,220.00
<b>E. Full Name, Mailing Address and Zip Code</b>	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 > \$		
<b>F. Full Name, Mailing Address and Zip Code</b>	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 > \$		
<b>G. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	27,720.00
TOTAL this Period (Last page this line number only).....>	27,720.00

**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
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)	07/07/97	13,000.00
American Viewpoint, Inc. 300 N. Washington St. Ste. 505 Alexandria, VA 22314	Portion In-Kinded - Nancy Johnson (C.T) See line 23 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/15/97	-4,875.00
Illinois Department of Revenue P.O. Box 19008 Springfield, IL 62794	Tax Expenditure Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/16/97	21.95
D. 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
E. 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
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)..... > 8,146.95

TOTAL this Period [Last page this line number only]..... > 8,146.95

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in full)  
 American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code <b>CITIBANK</b> P.O. Box 19748 Washington, DC 20036	Name of Employer  Occupation	Date (Month day, Year) <b>07/31/97</b>	Amount of Each Receipt this Period  <b>436.60</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>3,091.65</b>		
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).....>	<b>436.60</b>
TOTAL this Period (Last page this line number only).....>	<b>436.60</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **1** OF **2**  
FOR LINE NUMBER **23**

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>Bonior for Congress</b> P.O. Box 65873 Washington, DC 20035-5873	<b>David E. Bonior, U.S. HOUSE 10th MI</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>07/14/97</b>	<b>1,000.00</b>
<b>B. Full Name, Mailing Address and Zip Code</b> <b>Bonior for Congress</b> P.O. Box 65873 Washington, DC 20035-5873	<b>David E. Bonior, U.S. HOUSE 10th MI</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>07/21/97</b>	<b>1,000.00</b>
<b>C. Full Name, Mailing Address and Zip Code</b> <b>Castle for Congress</b> PO Box 133 Wilmington, DE 19899	<b>Michael N. Castle, U.S. HOUSE AL DE</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>07/21/97</b>	<b>1,000.00</b>
<b>D. Full Name, Mailing Address and Zip Code</b> <b>Democratic Senatorial Campaign Committee</b> 430 South Capitol Street, SE Washington, DC 20003	<b>1997 Contribution</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1997	<b>07/14/97</b>	<b>5,000.00</b>
<b>E. Full Name, Mailing Address and Zip Code</b> <b>John Ensign for Congress</b> 4012 South Rainbow Boulevard Las Vegas, NV 89103	<b>John Ensign, U.S. HOUSE 1st NV</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>07/01/97</b>	<b>500.00</b>
<b>F. Full Name, Mailing Address and Zip Code</b> <b>Faircloth for Senate 1998</b> P.O. Box 26585 Raleigh, NC 27611-6585	<b>Lauch Faircloth, U.S. SENATE NC</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>07/21/97</b>	<b>500.00</b>
<b>G. Full Name, Mailing Address and Zip Code</b> <b>Friends for Houghton</b> 3869 Beech Down Drive Chantilly, VA 22021-3348	<b>Amo Houghton, U.S. HOUSE 31st NY</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>07/28/97</b>	<b>375.00</b>
<b>H. Full Name, Mailing Address and Zip Code</b> <b>Committee to Re-Elect Nancy Johnson</b> P.O. Box 1986 New Britain, CT 06053	<b>In-Kind to Nancy L. Johnson, U.S. HOUSE 6th CT</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>07/15/97</b>	<b>4,675.00</b>
<b>I. Full Name, Mailing Address and Zip Code</b> <b>Committee to Re-Elect Senator Kennedy</b> Suite 635-637, 20 Park Plaza Boston, MA 02116	<b>Edward M. Kennedy, U.S. SENATE MA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 2000	<b>07/28/97</b>	<b>1,000.00</b>

SUB TOTAL of Disbursements this page (Optional).....> **15,250.00**

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)  
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>Kerrey for U.S. Senate</b> 245 2nd Street, N.E., Suite 300 Washington, DC 20002	<b>Rob Kerrey, U.S. SENATE NE</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 2000	07/14/97	1,000.00
<b>John Lewis for Congress Committee</b> P.O. Box 1491 Atlanta, GA 30301	<b>John Lewis, U.S. HOUSE 5th GA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/14/97	500.00
<b>Moran for Congress</b> P.O. Box 128 Hays, KS 67601	<b>Jerry Moran, U.S. HOUSE 1st KS</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/07/97	300.00
<b>The Richard E. Neal Committee</b> P.O. Box 2884 Washington, DC 20013	<b>Richard E. Neal, U.S. HOUSE 2nd MA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/21/97	1,000.00
<b>Quinn for Congress</b> 790 North Vermont Street Arlington, VA 22203	<b>Jack Quinn, U.S. HOUSE 30th NY</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/28/97	375.00
<b>The Reed Committee</b> P.O. Box 8628 Cranston, RI 02920	<b>Jack Reed, U.S. SENATE RI</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1996 Debt Retirement	07/14/97	1,000.00
<b>Jerry Solomon for Congress Committee</b> 6126 11th Road, North Arlington, VA 22205	<b>Gerald B. H. Solomon, U.S. HOUSE 22nd NY</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/07/97	175.00
<b>Friends of John Tanner</b> P.O. Box 70926 Washington, DC 20024	<b>John S. Tanner, U.S. HOUSE 8th TN</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/28/97	500.00
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).....> 4,850.00

TOTAL this Period (Last page this line number only).....> 20,100.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)  
 American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
AHA Administrative Account 325 7th Street Washington, DC 20004	Transfer to Admin. Account Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1997 year	07/28/97	240.00
B. 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
C. 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
D. 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
E. 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
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) ..... > 240.00

TOTAL this Period (Last page this line number only) ..... > 240.00

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>8-20-97</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
<i>SES</i>	<i>8-20-97</i>
PREPARER	DATE PREPARED