REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMM.

ADDRESS (number and street) ☐ Check if different than previously reported
ONE NORTH FRANKLIN

CITY, STATE and ZIP CODE
CHICAGO, IL 60606

2. FEC IDENTIFICATION NUMBER
C00106146

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

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

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

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

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? [X] YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1/1/94 through 12/31/94		
6. (a) Cash on Hand January 1, 19 94		$ 446,180.22
(b) Cash on Hand at Beginning of Reporting Period	$ 446,380.22	
(c) Total Receipts (from Line 19)	$ 565,603.44	$ 565,603.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 1,011,983.66	$ 1,011,983.66
7. Total Disbursements (from Line 30)	$ 935,351.35	$ 935,351.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 76,632.31	$ 76,632.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
SIDNEY JACOB

Signature of Treasurer
Sidney Jacob

Date
10/27/95

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

FEC FORM 3X