AMENDED 6/30/94

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

FEDERAL ELECTION COMMISSION REPORTS ANALYSIS DIVISION

JUL 05 11 03 AM '94

1. NAME OF COMMITTEE (in full)

American Hospital Association PAC

ADDRESS (number and street) — Check if different than previously reported

840 North Lake Shore Drive

CITY, STATE and ZIP CODE

Chicago, IL 60611

2. FEC IDENTIFICATION NUMBER

C00-010646

3. X This committee qualified as a multicandidate committee DURING THIS Reporting Period on 11/23/78 (date).

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	XX 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 _____

___ Thirteen day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? XX YES ___ NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 10/1/93 through 10/31/93		
6.	(a) Cash on Hand January 1, 19____		$ 332,756.75
	(b) Cash on Hand at Beginning of Reporting Period	$ 301,955.02	
	(c) Total Receipts (from Line 19)	$ 75,675.24	$ 352,412.83
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 377,630.26	$ 685,169.58
7	Total Disbursements (from Line 30)	$ 50,050.00	$ 357,589.32
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 327,580.26	$ 327,580.26
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 202-376-3120

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: 11/10/93

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