REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
PUBLIC DISCLOSURE DIVISION

93 MAY 26 PM 3:21

OR TYPE OR PRINT

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] The committee qualified as a multicandidate committee DURING THIS Reporting Period on 11-22-78 (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	___ November 20
___ April 20	___ August 20	___ December 20
[X] 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 [X] NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 4-1-93 through 4-30-93		
6.	(a) Cash on Hand January 1, 1993		$ 332,756.75
	(b) Cash on Hand at Beginning of Reporting Period	$ 291,560.43	
	(c) Total Receipts (from Line 19)	$ 27,694.90	$ 75,387.90
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 319,255.33	$ 408,344.65
7.	Total Disbursements (from Line 30)	$ 100,100.00	$ 189,189.32
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 219,155.33	$ 219,155.33
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: [signature]

Date: 5-24-93

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

FEC FORM 3X

(revised 12/91)