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 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 November 22, 1978 (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	[x] 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 [x] NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 7/1/93 through 7/31/93		
6. (a)	Cash on Hand January 1, 19 93		$ 332,756.75
(b)	Cash on Hand at Beginning of Reporting Period	$ 238,646.94	
(c)	Total Receipts (from Line 19)	$ 81,923.63	$ 234,003.14
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 320,570.57	$ 566,759.89
7.	Total Disbursements (from Line 30)	$ 14,700.00	$ 260,889.32
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 305,870.57	$ 305,870.57
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 /PAW

Date: 8/30/93

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 1/1/91)