# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**
**(Summary Page)**

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Hospital Association PAC

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
C00-106146

3. ☒ 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 11/8/94 in the State of TL

(b) Is this Report an Amendment? ☒ YES ☐ NO

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 5. Covering Period 10/20/94 through 11/28/94 | | |
| 6. (a) Cash on Hand January 1, 19 94 | | $ 428,862.04 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 51,610.20 | |
| (c) Total Receipts (from Line 19) | $ 122,701.28 | $ 521,246.29 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 174,311.48 | $ 950,108.33 |
| 7. Total Disbursements (from Line 30) | $ 133,124.00 | $ 908,920.85 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 41,187.48 | $ 41,187.48 |
| 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 1/31/95

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**
(revised 9/93)

FE4AN101