STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL [ ] (Check if name is changed)
AMERICAN HOSPITAL ASSOCIATON POLITICAL ACTION COMMITTEE (AHAPAC)

(b) Number and Street Address [X] (Check if address is changed)
ONE NORTH FRANKLIN

(c) City, State and ZIP Code
CHICAGO, IL 60606

2. DATE
JULY 6, 1995

3. FEC IDENTIFICATION NUMBER
C00106146

4. IS THIS STATEMENT AN AMENDMENT? [X] YES [ ] NO

5. TYPE OF COMMITTEE (Check one)

[ ] (a) This committee is a principal campaign committee. (Complete the candidate information below.)

[ ] (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

[ ] (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

[ ] (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

[X] (e) This committee is a separate segregated fund.

[ ] (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
PLEASE SEE ATTACHED		

Type of Connected Organization
[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization [ ] Membership Organization [X] Trade Association [ ] Cooperative

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Sidney Jacob	One North Franklin, Chicago, IL 60606	Assistant Treasurer

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Sidney Jacob	One North Franklin, Chicago, IL 60606 (312) 422-3203	TREASURER - AHA-PAC Assistant Treasurer AHA

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
The Northern Trust Company	50 South LaSalle Street, Chicago, IL 60675

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
Sidney Jacob	Sidney Jacob	7-17-95

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/87)

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AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE
STATEMENT OF ORGANIZATION
Attachment

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and Zip Code	Relationship
American Hospital Association Political Action Committee	One North Franklin Chicago, IL 60606	Connected
AzHHA Political Action Committee	1501 W. Fountainhead Pkwy. Suite 650 Tempe, AZ 85282	Affiliated
California Hospital PAC - Federal	P.O. Box 1252 Sacramento, CA 95812	Affiliated
PAC of Missouri Hospital Association	P.O. Box 60 Jefferson City, MO 65102-0060	Affiliated
Montana Hospital Association PAC	P.O. Box 5119 Helena, MT 59604	Affiliated
Hosp. Assoc. of New York State PAC	74 Pearl Street Albany, NY 12207	Affiliated
North Carolina Hospital PAC - Federal	P.O. Box 80428 Raleigh, NC 27623	Affiliated
Hospital Association PAC - Federal	4750 Lindle Road Harrisburg, PA 17105	Affiliated
Texas Hospital Association PAC	6225 U.S. Highway 290 East Austin, TX 78723	Affiliated

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 7-17-95
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

SKB. — PREPARER

7-20-95 — DATE PREPARED

FEC FORM 70-2 (12/92)

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