# REPORT OF RECEIPTS AND DISBURSEMENTS

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

JAN 12 12 09 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Group Health Association of America
Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1129 20th St., N.W. #600

CITY, STATE and ZIP CODE
Washington, DC 20036

2. FEC IDENTIFICATION NUMBER
C00106740

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 _____ in the State of _____.

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

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 5. Covering Period 7/1/93 through 12/31/93 | | |
| 6. (a) Cash on Hand January 1, 1993 | | $ 2,159.84 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 5,658.22 | |
| (c) Total Receipts (from Line 19) | $ 1,100.00 | $ 10,100.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 6,758.22 | $ 12,259.84 |
| 7. Total Disbursements (from Line 30) | $ 3,106.59 | $ 8,608.21 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 3,651.63 | $ 3,651.63 |
| 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
Jeffrey H. Cohen

Signature of Treasurer: Jeffrey H. Cohen

Date: 1/10/94

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)

# DETAILED SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS
### PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Group Health Assoc. of America Political Action Comm.

REPORT COVERING PERIOD FROM 7/1/93 TO: 12/31/93

| | COLUMN A Total This Period | COLUMN B Calendar Year |
|---|---|---|
| **I. Receipts** | | |
| 11. Contributions (other than loans) From: | | |
| a. Individual/Persons Other Than Political Committees | | |
| i. Itemized (use Schedule A) | 1,100.00 | 7,100.00 |
| ii. Unitemized | | |
| iii. Total (add i and ii) ➤ | 1,100.00 | 7,100.00 |
| b. Political Party Committees | | |
| c. Other Political Committees (such as PACs) | -0- | 3,000.00 |
| d. Total Contributions (add a iii, b and c) ➤ | 1,100.00 | 10,100.00 |
| 12. Transfers From Affiliated/Other Party Committees | | |
| 13. All Loans Received | | |
| 14. Loan Repayments Received | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | | |
| 18. Transfers from Nonfederal Account for Joint Activity | | |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤ | 1,100.00 | 10,100.00 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | | |
| **II. Disbursements** | | |
| 21. Operating Expenditures: | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| i. Federal Share | | |
| ii. Non-Federal Share | | |
| b. Other Federal Operating Expenditures | | |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | 106.59 | 108.21 |
| 22. Transfers to Affiliated/Other Party Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 3,000.00 | 8,500.00 |
| 24. Independent Expenditures (use Schedule E) | | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | |
| 26. Loan Repayments Made | | |
| 27. Loans Made | | |
| 28. Refunds of Contributions To: | | |
| a. Individuals/Persons Other Than Political Committees | | |
| b. Political Party Committees | | |
| c. Other Political Committees (such as PACs) | | |
| d. Total Contribution Refunds (add a, b and c) ➤ | | |
| 29. Other Disbursements | | |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | 3,106.59 | 8,608.21 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | | |
| **III. Net Contributions/Operating Expenditures** | | |
| 32. Total Contributions (other than loans)(from line 11d) | 1,100.00 | 10,100.00 |
| 33. Total Contribution Refunds (from line 28d) | -0- | -0- |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 1,100.00 | 10,100.00 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤ | 106.59 | 108.21 |
| 36. Offsets to Operating Expenditures (from line 15) | -0- | -0- |
| 37. Net Operating Expenditures (subtract line 36 from 35) ➤ | 106.59 | 108.21 |

**SCHEDULE A** **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (in Full)**
Group Health Association of America Political Action Committee

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Harris A. Berman<br>91 Pickwick Rd.<br>West Newton, MA 02165<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Tufts Associated Health Plan<br>Occupation: President & CEO<br>Aggregate Year-to-Date $ | 7/6/93 | $500.00 |
| B. Wayne Moon<br>330 Pershing Dr.<br>Oakland, CA 94611<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Blue Shield of CA<br>Occupation: President & CEO<br>Aggregate Year-to-Date $ | 7/6/93 | $100.00 |
| C. James Patton<br>19191 Prairie<br>Detroit, MI 48221<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Comprehensive Health Services<br>Occupation: Exec. Vice President<br>Aggregate Year-to-Date $ | 7/15/93 | $250.00 |
| D. Anthony Watson<br>7 West 34th St.<br>New York, NY<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | HIP of Greater New York<br>Occupation: President<br>Aggregate Year-to-Date $ | 8/30/93 | $250.00 |
| E. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| F. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |

| | |
|---|---|
| **SUBTOTAL** of Receipts This Page (optional) | |
| **TOTAL** This Period (last page this line number only) | $1,100.00 |

9 4 0 1 0 7 2 2 0 3

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE OF |
|---|---|
| | FOR LINE NUMBER |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**
Gorup Health Association of America Political Action Committee

| | Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| **A. Full Name, Mailing Address and ZIP Code**<br>Levin for Congress Committee<br>P.O. Box 990<br>Washington, DC 20044-0990 | Reception | 7/8/93 | $500.00 |
| **B. Full Name, Mailing Address and ZIP Code**<br>Stenholm for Congress Committee<br>P.O. Box 1032<br>Stamford, TX 79553 | Health Industry Dinner | 8/26/93 | $500.00 |
| **C. Full Name, Mailing Address and ZIP Code**<br>Johnson For Congress Committee<br>P.O. Box 1986<br>New Britain, CT 06050 | Breakfast Fundraiser | 8/26/93 | $500.00 |
| **D. Full Name, Mailing Address and ZIP Code**<br>Senator Chafee Committee<br>425 Second St., N.E.<br>Washington, DC 20002 | Reception | 9/22/93 | $1,000.00 |
| **E. Full Name, Mailing Address and ZIP Code**<br>Durenberger Volunteer Committee<br>P.O. Box 25026<br>Washington, DC 20007 | Fundraising Dinner | 12/6/93 | $500.00 |
| **F. Full Name, Mailing Address and ZIP Code** | | | |
| **G. Full Name, Mailing Address and ZIP Code** | | | |
| **H. Full Name, Mailing Address and ZIP Code** | | | |
| **I. Full Name, Mailing Address and ZIP Code** | | | |

| | |
|---|---|
| **SUBTOTAL** of Disbursements This Page (optional) | |
| **TOTAL** This Period (last page this line number only) | $3,000.00 |

**SCHEDULE C**
(Revised 3/80)

N/A

## LOANS

Page ____of____for
LINE NUMBER ____
(Use separate schedules for each numbered line)

Name of Committee (in Full)
Group Health Association of America Political Action Committee

| A. Full Name, Mailing Address and ZIP Code of Loan Source | Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|---|
| Election: Primary General Other (specify): | | | |

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) Secured

List All Endorsers or Guarantors (if any) to Item A

| | | |
|---|---|---|
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | |

| B. Full Name, Mailing Address and ZIP Code of Loan Source | Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|---|
| Election: Primary General Other (specify): | | | |

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) Secured

List All Endorsers or Guarantors (if any) to Item B

| | | |
|---|---|---|
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | |

| | |
|---|---|
| SUBTOTALS This Period This Page (optional) | |
| TOTALS This Period (last page in this line only) | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D**
(Revised 3/80)

# DEBTS AND OBLIGATIONS
## Excluding Loans

N/A

Page ___of_____for
LINE NUMBER _____
(Use separate schedules for each numbered line)

| Name of Committee (In Full) Group Health Association of America Political Action Committee | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| 1) SUBTOTALS This Period This Page (optional) | | | | |
| 2) TOTALS This Period (last page in this line only) | | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | | | | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | | | | |

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 1-11-94 |
| ☐ | 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 |

YMN
PREPARED

1-12-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 7 2 2 0 0 7