REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 DEC -9 A 10:29

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
GROUP HEALTH INC. FEDERAL PAC

ADDRESS (number and street) ☐ Check if different than previously reported
441 NINTH AVENUE

CITY, STATE and ZIP CODE
NEW YORK NEW YORK 10001

2. FEC IDENTIFICATION NUMBER
C 00255613

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 11/7/2000 in the State of NY

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period OCT 19, 2000 through NOV 27, 2000		
6. (a) Cash on Hand January 1, 2000		$ 14 320.05
(b) Cash on Hand at Beginning of Reporting Period	$ 10,496.10	
(c) Total Receipts (from Line 19)	$ 1 028.29	$ 7, 109.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 11 524.39	$ 21, 429.39
7. Total Disbursements (from Line 30)	$ 500.00	$ 10 405.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 11 024.39	$ 11 024.39
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	

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
ROBERT CALTRI ASS'T TREASURER

Signature of Treasurer
X Robert Caltri

Date 12/5/00

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)

PEBAH135

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

(revised 1/1/91)

NAME OF COMMITTEE: GROUP HEALTH INC. FEDERAL PAC

REPORT COVERING PERIOD FROM 10/19/2000 TO 11/27/2000

	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)	125.34	195.36	11(a)(i)
ii. Unitemized	902.95	6,913.98	11(a)(ii)
iii. Total ... (add i and ii) ➤	1,028.29	7,109.34	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions ... (add a iii, b and c) ➤	1,028.29	7,109.34	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts ... (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1,028.29	7,109.34	19
20. Total Federal Receipts ... (subtract line 18 from line 19) ➤	1,028.29	7,109.34	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures ... (add a i, a ii, and b) ➤			22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	10,405.00	24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds ... (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements ... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤			30
31. Total Federal Disbursements ... (subtract line 21 a ii from line 30) ➤			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1,028.29	7,109.34	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,028.29	7,109.34	34
35. Total Federal Operating Expenditures ... (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures ... (subtract line 36 from 35) ➤			37

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

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 INC. FEDERAL PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JOHN BRAMES C/O GHI 441 NINTH AVENUE NY NY 10001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: GROUP HEALTH INC. Occupation: EMPLOYEE Aggregate Year-to-Date > $ 201.63	VARIOUS PAYROLL DEDUCTIONS	36.66
B. JEFFREY GOODWIN C/O GHI 441 NINTH AVENUE NY NY 10001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: GROUP HEALTH INC. Occupation: EMPLOYEE Aggregate Year-to-Date > $ 231.00	VARIOUS PAYROLL DEDUCTIONS	42.00
C. DONNA LYNNE C/O GHI 441 NINTH AVENUE NY NY 10001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: GROUP HEALTH INC Occupation: EMPLOYEE Aggregate Year-to-Date > $ 256.79	VARIOUS PAYROLL DEDUCTIONS	46.68
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) > 125.34

TOTAL This Period (last page this line number only) > 125.34

CHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 23

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 INC. FEDERAL PAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code MALONEY FOR CONGRESS 24 EAST 93 STREET - SUITE 4B NEW YORK NY 10128	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10-30-00	500 —
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	500 —
TOTAL This Period (last page this line number only)	500 —

FE8AN005

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
☑	Registered/Certified Mail	POSTMARKED (R/C) 12-6-00
☐	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
☐	Electronic Filing	

JMD
PREPARER

12-9-00
DATE PREPARED

(6/2000)