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)

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 qualified as a multicandidate committee **DURING THIS** Reporting Period on _____ (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 ☐ 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 1/1/93 through 6/30/93		
6. (a) Cash on Hand January 1, 19 93		$ 2,159.84
(b) Cash on Hand at Beginning of Reporting Period	$ 2,159.84	
(c) Total Receipts (from Line 19)	$ 9,000.00	$ 9,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$11,159.84	$11,159.84
7. Total Disbursements (from Line 30)	$ 5,501.62	$ 5,501.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 5,658.22	$ 5,658.22
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
8/20/93

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)

13038534

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 1/1/93 TO: 6/30/93

	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)	6,000.00	6,000.00
ii. Unitemized		
iii. Total (add i and ii) ➤	6,000.00	6,000.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)	3,000.00	3,000.00
d. Total Contributions (add a iii, b and c) ➤	9,000.00	9,000.00
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) ➤	9,000.00	9,000.00
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) ➤	1.62	1.62
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,500.00	5,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441 a(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) ➤	5,501.62	5,501.62
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	9,000.00	9,000.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	9,000.00	9,000.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	1.62	1.62
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	1.62	1.62

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. James Lane 556 Indian Home Rd. Danville, CA 94526 Receipt For: Primary / General / Other (specify)	Kaiser Occupation: Senior Vice President Aggregate Year-to-Date $	3/8/93	$500.00
B. Joe Criscione P.O. Box 7967 Berkeley, CA 94707 Receipt For: Primary / General / Other (specify):	Kaiser Occupation: Vice President Aggregate Year-to-Date $	3/22/93	$500.00
C. Mark Skubic 7032 Courtly Road Woodbury, MN 55125 Receipt For: Primary / General / Other (specify):	Health Partners Occupation: Manager, Fed. Gov't Rel. Aggregate Year-to-Date $	3/31/93	$500.00
D. Prudential Ins. Co. of America Political Action Committee Newark, NJ 07101 Receipt For: Primary / General / Other (specify):	Prudential Occupation: Aggregate Year-to-Date $	6/7/93	$3,000.00
E. Roger Greaves 24021 Alder Place Calabasas, CA 91302 Receipt For: Primary / General / Other (specify):	Health Net Occupation: President & CEO Aggregate Year-to-Date $	6/13/93	$500.00
F. Jeannine Rivet 5601 Smetana Drive Minneapolis, MN 55440 Receipt For: Primary / General / Other (specify):	United Health Care Occupation: VP, Health Services Aggregate Year-to-Date $	6/20/93	$300.00
G. Barry Averill 2555 S. Martin Luther King Dr. Chicago, IL 60616 Receipt For: Primary / General / Other (specify):	Humana Health Plan Occupation: Vice President Aggregate Year-to-Date $	6/20/93	$300.00

SUBTOTAL of Receipts This Page (optional)	$5,600.00
TOTAL This Period (last page this line number only)	

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 Associationof 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. Erling Hansen 4525 Butterworth Pl., N.W. Washington, DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Group Health Assoc. of America Occupation: General Counsel Aggregate Year-to-Date > $	6/20/93	$250.00
B. John P. Cole 500 Enterprise Drive Rocky Hill, Ct 06067 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aetna Health Plans Occupation: Senior Vice President Aggregate Year-to-Date > $	6/20/93	$500.00
C. Martha Marsh 589 W. Hollis Rd. Nashua, NH 03061 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Matthew Thornton Health Plan Occupation: President & CEO Aggregate Year-to-Date > $	6/20/93	$500.00
D. Martin Bauman 4200 Wisconsin Ave., N.W. Washington, DC 20016 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kaiser Occupation: President Aggregate Year-to-Date > $	6/20/93	$100.00
E. Christy Bell 109 Sycamore Dr. Holden, MA 01520 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fallon Comm. Health Plan Occupation: Executive Director Aggregate Year-to-Date > $	6/21/93	$500.00
F. Samuel Havens 151 Noe Avenue Chatham Township, NJ 07928 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Prudential Ins. Occupation: Senior Vice President Aggregate Year-to-Date > $	4/30/93	$300.00
G. Samuel Havens 151 Noe Avenue Chatham Township, NJ 07928 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Prudential Ins. Co. Occupation: Senior Vice President Aggregate Year-to-Date > $ $800.00	6/23/93	$500.00

SUBTOTAL of Receipts This Page (optional) $2,650.00

TOTAL This Period (last page this line number only) . . . . . .

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. Aubrey Davis 521 Wall Street Seattle WA 98121 Receipt For: Primary General Other (specify):	Group Health Coop. of Puget Sound President Emeritus Aggregate Year-to-Date $	6/23/93	$200.00
B. John Ludden 10 Brookline Place, W. Brookline Village, MA 02146 Receipt For: Primary General Other (specify):	Harvard Comm. Health Plan Medical Director Aggregate Year-to-Date $	6/23/93	$500.00
C. George Strumpf 1150 17th St., N.W. Washington, DC 20036 Receipt For: Primary General Other (specify):	HIP Washington Representative Aggregate Year-to-Date $	6/23/93	$50.00
D. Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $		
E. Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $		
F. Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $		
G. Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	$750.00
TOTAL This Period (last page this line number only)	$9,000.00

9 3 0 3 8 5 8 5 4 5 1

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)

Group Health Association of America Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code The Moynihan Committee 21 East 40th St #2104 New York, N.Y. 10016	Birthday Bash on 3/15/93 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/26/93	$2,000.00
B. Full Name, Mailing Address and ZIP Code Slattery for Congress 211 East 8th St. #C Lawrence, KS 66044	Reception Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/9/93	$500.00
C. Full Name, Mailing Address and ZIP Code Earl Pomeroy for Congress P.O. Box 746 Bismark, ND 58502	Reception Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/31/93	$500.00
D. Full Name, Mailing Address and ZIP Code Bill Thomas Campaign Comm. P.O. Box 23175 Washington, DC 20026	Reception Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/17/93	$500.00
E. Full Name, Mailing Address and ZIP Code Senator Chafee Committee P.O. Box 623 Providence, RI 02901	Reception Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/9/93	$1,000.00
F. Full Name, Mailing Address and ZIP Code Earl Pomeroy for Congress 6 E St., S.E. Washington, DC 20003	Health Care Breakfeast Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/9/93	$500.00
G. Full Name, Mailing Address and ZIP Code Mike Andrews for Congress Comm. P.O. Box 2884 Washington, DC 20013	Fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/9/93	$500.00
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)	$5,500.00
TOTAL This Period (last page this line number only)	

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	
	Occupation	
	Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	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	
	Occupation	
	Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	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

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) TOTAL This Period (last page 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 8-24-93
☐	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

[signature]	8-25-93
PREPARER	DATE PREPARED

FEC FORM 70-2 (12/92)