# REPORT OF RECEIPTS AND DISBURSEMENTS

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

USE FEC MAILING LABEL OR TYPE OR PRINT

FEDERAL ELECTION COMMISSION MAIL ROOM

JAN 31 12 58 PM '96

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 July 1, 1995 through Dec. 31, 1995 | | |
| 6. (a) Cash on Hand January 1, 19 95 | | $ 3,298.13 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 6,191.51 | |
| (c) Total Receipts (from Line 19) | $ 34,915.00 | $ 42,810.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 41,106.51 | $ 46,108.13 |
| 7. Total Disbursements (from Line 30) | $ 11,926.31 | $ 16,927.93 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 29,180.20 | $ 29,180.21 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | $ -0- | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | $ -0- | |

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 Borchardt

Signature of Treasurer [signature]

Date 1/29/96

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)

FE5AN098

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

(revised 1/1/91)

NAME OF COMMITTEE Group Health Association of America Political Action Committee

REPORT COVERING PERIOD FROM 7/1/95 TO 12/31/95

| | 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) | 25,815.00 | 27,710.00 | 11(a)(i) |
| ii. Unitemized | | | 11(a)(ii) |
| iii. Total (add i and ii) ➤ | 25,815.00 | 27,710.00 | 11(a)(iii) |
| b. Political Party Committees | | | 11(b) |
| c. Other Political Committees (such as PACs) | 9,100.00 | 15,100.00 | 11(c) |
| d. Total Contributions (add a iii, b and c) ➤ | 34,915.00 | 42,810.00 | 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) ➤ | 34,915.00 | 42,810.00 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | | | 20 |
| **II. Disbursements** | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | | | 21(a)(i) |
| ii. Non-Federal Share | | | 21(a)(ii) |
| b. Other Federal Operating Expenditures | 827.74 | 829.36 | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | 827.74 | 829.36 | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | | | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 11,098.57 | 16,098.57 | 23 |
| 24. Independent Expenditures (use Schedule E) | | | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | | 25 |
| 26. Loan Repayments Made | | | 26 |
| 27. Loans Made | | | 27 |
| 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) ➤ | 11,926.31 | 16,927.93 | 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) | 34,915.00 | 42,810.00 | 32 |
| 33. Total Contribution Refunds (from line 28d) | -0- | -0- | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 34,915.00 | 42,810.00 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤ | 827.74 | 829.36 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | -0- | -0- | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) ➤ | 827.74 | 829.36 | 37 |

FE5AH088

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

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



FOR LINE NUMBER

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**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. CIGNA Coproration<br>Political Action Committee<br>1650 Market St.<br>Philadelphia, PA<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: CIGNA<br>Occupation:<br>Aggregate Year-to-Date > $ | 7/26/95 | $1,100.00 |
| B. Principal Financial Group PrinPAC<br>711 High St.<br>Des Moines, IA 50392<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Principal Health Plan<br>Occupation:<br>Aggregate Year-to-Date > $ | 7/26/95 | 2,000.00 |
| C. Principal Financial Group PRINPAC<br>711 High Street<br>Des Moines, IA 50392<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Principal Health Plan<br>Occupation:<br>Aggregate Year-to-Date > $ 3,000.00 | 12/12/95 | 1,000.00 |
| D. PHP Inc. Halth Serv. Political Action Committee<br>9900 Talbert Ave.<br>Fountain Valley, CA 92708<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Family Health Plan<br>Occupation:<br>Aggregate Year-to-Date > $ 5,000.00 | 7/29/95 | 4,000.00 |
| E. HealthCare Compare Corp.<br>Political Action Committee<br>3200 S. Highland Ave.<br>Downers Grouve, Ill. 60515-1223<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: HealthCare COMPARE Corp.<br>Occupation:<br>Aggregate Year-to-Date > $ | 12/4/95 | 1,000.00 |
| F. George Halvorson<br>683 Osceola Ave.<br>St. Paul, MN 55105<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: HealthPartners<br>Occupation: President & CEO<br>Aggregate Year-to-Date > $ 1,250.00 | 7/26/95 | 1,000.00 |
| G. Wayne Bradley, Sr.<br>6500 John C. Lodge<br>Detroit, MI 48202<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: The Wellness Plan<br>Occupation: Director, Govt. Relations<br>Aggregate Year-to-Date > $ | 7/26/95 | 100.00 |

**SUBTOTAL** of Receipts This Page (optional) ..... 10,200.00

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

FE5ANO98

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

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

PAGE 2 OF 5

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**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. Beverly Fittipaldo<br>5034 Kelvin Ave.<br>Woodland Hills, CA 91364<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Health Net<br>Occupation: V.P. Govt. Relations<br>Aggregate Year-to-Date $ | 7/26/95 | 200.00 |
| B. Jeannine M. Rivet<br>9008 Washburn Circle<br>Bloomington, MN 55431<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | United HealthCare<br>Occupation: Executive VP<br>Aggregate Year-to-Date $ 2,000.00 | 8/23/95 | 1,000.00 |
| C. Robert Smoler<br>17 Pequot Trail<br>Westport, CT 06880<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Oxford Health Plan<br>Occupation: Executive VP<br>Aggregate Year-to-Date $ | 8/23/95 | 1,000.00 |
| D. William Sullivan<br>7 Bryan Rd.<br>Rowayton, CT 06853<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Oxford Health Plan<br>Occupation: Exeuctive VP<br>Aggregate Year-to-Date $ | 8/23/95 | 1,000.00 |
| E. Samuel Havens<br>151 Noe Avenue<br>Chatham, NJ 07928<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Prudential Ins. Co.<br>Occupation: President, Group Operations<br>Aggregate Year-to-Date $ | 8/23/95 | 1,000.00 |
| F. Jeffrey H. Boyd<br>83 Riverside Ave.<br>Riverside, CT 06878<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Oxford Health Plan<br>Occupation: General Counsel<br>Aggregate Year-to-Date $ | 8/23/95 | 1,000.00 |
| G. Andrew Cassidy<br>P.O. Box 2<br>Darien, CT 06820<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Oxford Health Plan<br>Occupation: Chief Financial Officer<br>Aggregate Year-to-Date $ | 8/23/95 | 1,000.00 |

| | |
|---|---|
| **SUBTOTAL** of Receipts This Page (optional) | 6,200.00 |
| **TOTAL** This Period (last page this line number only) | |

FE8AN066

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

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

PAGE 3 OF 5

FOR LINE NUMBER

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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. Stephen Wiggins<br>8 Butler's Island<br>Darien, CT 06820<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Oxford Health Plan<br>Occupation: President & CEO<br>Aggregate Year-to-Date > $ | 8/23/95 | 1,000.00 |
| B. Harris A. Berman, M.D.<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 > $ 1,000.00 | 8/29/95 | 500.00 |
| C. Westcott W. Price, III<br>27 Crest Road West<br>Rolling Hills, CA 90274<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | FHP Corp.<br>Occupation: President & CEO<br>Aggregate Year-to-Date > $ | 9/12/95 | 1,000.00 |
| D. James W. Patton<br>19191 Prairie<br>Detroit, MI 48221<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | The Wellness Plan<br>Occupation: President & CEO<br>Aggregate Year-to-Date > $ | 9/18/95 | 1,000.00 |
| E. Edward C. Peddie<br>6502 S.W. 37th Way<br>Gainesville, FL 32608<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Av-Med Santa Fe Health Health Care<br>Occupation: President & CEO<br>Aggregate Year-to-Date > $ | 10/12/95 | 2,000.00 |
| F. Kenneth C. Otis, II<br>3426 Dover Rd<br>Durham, NC 27707<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | BC/BS of NC<br>Occupation: President & CEO<br>Aggregate Year-to-Date > $ | 11/9/95 | 1,000.00 |
| G. Wayne T. Smith<br>530 Primrose Way<br>Louisville, KY 40206<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Humana, Inc.<br>Occupation: President & CEO<br>Aggregate Year-to-Date > $ | 11/22/95 | 1,000.00 |

SUBTOTAL of Receipts This Page (optional) ..... 7,500.00

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

FE5AN066

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

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

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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. John Ludden<br>Beaver Pond Road<br>Lincoln, MA 01773<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Harvard comm. Health<br>Sr. VP, Medical Affairs<br>Aggregate Year-to-Date $ | 12/6/95 | 1,000.00 |
| B. Thomas Nagle<br>9472 Ashford Place<br>Brentwood, TN 37207<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Vanderbilt Health Plans<br>President<br>Aggregate Year-to-Date $ | 12/6/95 | 1,000.00 |
| C. Thomas Albright<br>8132 Wekiva Way<br>Jacksonville, FL 32256<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Health Options, Inc.<br>Senior Vice President<br>Aggregate Year-to-Date $ | 12/6/95 | 1,000.00 |
| D. Michael Herbert<br>30 Applegate Lane<br>Trumbull, CT 06611<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Physicians Health Services, Inc.<br>President & CEO<br>Aggregate Year-to-Date $ | 12/6/95 | 1,000.00 |
| E. Conrad Sobczak<br>6015 Washington Blvd.<br>Wauwatosa, WI 53213<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Family Health Plan<br>Executive Director<br>Aggregate Year-to-Date $ | 12/12/95 | 1,000.00 |
| F. Arthur Southam<br>347 10th St.<br>Santa Monica, CA 90402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Care America Health Plans<br>President & CEO<br>Aggregate Year-to-Date $ | 12/12/95 | 1,000.00 |
| G. Anthony Watson<br>320 E. 23rd St.<br>New York, NY<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | HIP of New York<br>President<br>Aggregate Year-to-Date $ | 12/12/95 | 1,000.00 |

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|---|---|
| **SUBTOTAL** of Receipts This Page (optional) | 7,000.00 |
| **TOTAL** This Period (last page this line number only) | |

FE5AN065

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

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**NAME OF COMMITTEE (In Full)**

Group Health Association of America Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Barry Averill<br>9901 S. Hoyne<br>Chicago, IL 60643 | Humana Health Plan | 12/12/95 | 1,000.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: VP-Illinois<br>Aggregate Year-to-Date > $ | | |

| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Susan Pisano<br>8820 Ridge Rd.<br>Bethesda, MD 20817 | GHAA | 12/95 | 400.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: Director Communications<br>Aggregate Year-to-Date > $ | | |

| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Judith Cahill<br>8906 Charles Augustine Dr.<br>Alexandria, VA 22308 | GHAA | 11/95 | 350.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: Senior VP<br>Aggregate Year-to-Date > $ | | |

| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Laird Burnett<br>910 East Capitol St., NE.<br>Washington, DC 20003 | GHAA | 8/95 | 70.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: Assoc. Dir.<br>Aggregate Year-to-Date > $ | | |

| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Stephanie Aldrich<br>5626 Thicket Lane<br>Columbia, MD 21044 | GHAA | 8/95 | 35.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: Legis. Specialist<br>Aggregate Year-to-Date > $ | | |

| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Herb Schultz<br>2440 16th St., N.W.<br>Washington, DC 20009 | GHAA | 12/95 | 400.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: Dir. State Health<br>Aggregate Year-to-Date > $ | | |

| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Don Schimanski<br>20 Robinson Dr.<br>Rehobeth, DE 19971 | GHAA | 12/95 | 400.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: Grassroots Manager<br>Aggregate Year-to-Date > $ | | |

**SUBTOTAL** of Receipts This Page (optional) ..... 2,655.00

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

FE3AN066

9 5 0 3 1 2 3 7 2 0

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

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

PAGE OF

FOR LINE NUMBER

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

| Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Stanton Nelson<br>1589 South Barton St.<br>Arlington, VA 22204<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | GHAA<br>Legis. Coordinator<br>Aggregate Year-to-Date $ | 12/95 | 160.00 |
| B. Julie Goon<br>1200 N. Veitch St.<br>Arlington, VA 22201<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | GHAA<br>Director of Legis.<br>Aggregate Year-to-Date $ | 12/95 | 320.00 |
| C. Thomas Dial<br>5984 North 9th Road<br>Arlington, VA 22205<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | GHAA<br>Deputy Dir. Survey<br>Aggregate Year-to-Date $ | 12/95 | 80.00 |
| D. Diana Dennett<br>2027 37thSt., N.W.<br>Washington, DC 20007<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | GHAA<br>VP Government Affairs<br>Aggregate Year-to-Date $ | 12/95 | 400.00 |
| E. Robert Borchardt<br>17434 Avenleigh Dr.<br>Ashton, MD 20861<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | GHAA<br>Dir. of Finance<br>Aggregate Year-to-Date $ | 12/95 | 400.00 |
| 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) | 1,360.00 |
| **TOTAL** This Period (last page this line number only) | 34,915.00 |

FE8AN068

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

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

PAGE 1 OF 2

FOR LINE NUMBER

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**NAME OF COMMITTEE (In Full)**

Group Health Association of America Political Action Committee

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Riggs National Bank<br>Washington, DC | Bank & Credit Card fees<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 7/1/95-12/31/95 | 801.62 |
| B. Riggs National Bank<br>Washington, DC | For Deposit only Stamp<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 7/31/95 | 26.12 |
| C. Earl Pomeroy for Congress<br>P.O. Box 746<br>Bismarc, ND 58502 | Fundraiser<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 7/5/96 | 500.00 |
| D. Brian Bilbray for Congress<br>P.O. Box 84946<br>San Diego, CA 92138 | Fundraiser<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 7/5/96 | 500.00 |
| E. Tom DeLay Congressional Committee<br>10707 Corporate Dr. #130<br>Stafford, TX 77477 | Fundraiser Dinner 7/12/95<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 7/10/95 | 1,000.00 |
| F. Gephardt in Congress<br>507 Capitol Court NE #100<br>Washington, DC 20002 | In-Kind Contribution Dinner<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 7/27/95 | 629.71 |
| G. Bill Thomas Campaign Committee<br>P.O. Box 23175<br>Washington, DC 20026 | In-Kind Contribution Breakfast<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 7/27/95 | 371.86 |
| H. People for English<br>208 G St., N.E.<br>Washington, DC 20002 | In-Kind Contribuiton Dinner<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 7/27/95 | 1097.00 |
| I. Friends of Joh Boehner<br>7908-I Cincinnati Dayton Rd.<br>West Chester, OH 45069 | Fundraiser<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 8/3/95 | 1000.00 |

| | |
|---|---|
| **SUBTOTAL** of Disbursements This Page (optional) | 5,926.31 |
| **TOTAL** This Period (last page this line number only) | |

FE5AN065

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

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

PAGE 2 OF 2

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 | Purpose of Disbursement / Disbursement for: Primary General Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. The Blue Dog PAC<br>P.O. Box 7668<br>Washington, DC 20044 | Fundraising Breakfast | 9/22/95 | 500.00 |
| B. Peter Deutsch for Congress<br>P.O. Box 26778<br>Tamarac, FL 33320 | Fundraising breakfast | 9/22/95 | 1,000.00 |
| C. Stenholm for Congress Committee<br>P.O. Box 1032<br>Stamford, CT 79553 | Fundraising | 10/10/95 | 500.00 |
| D. Congressman Bart Gordon Committee<br>P.O. Box 75214<br>Washington, DC 20013 | Fundraising Breakfast | 10/12/95 | 500.00 |
| E. A Lot of People Supporting Tom Daschle<br>245 2nd St., N.E. #300<br>Washington, DC 20002 | Fundraising Breakfast | 10/30/95 | 1,000.00 |
| F. L.F. Payne for Congress<br>P.O. Box 2884<br>Washington, DC 20013 | Fundraiser | 11/9/95 | 500.00 |
| G. Klug for Congress<br>P.O. Box 5619<br>Madison, WI 53705 | Fundraiser | 11/9/95 | 500.00 |
| H. John D. Dingell for Congress<br>P.O. Box 75214<br>Washington, DC 20001 | Fundraiser | 11/9/95 | 1,000.00 |
| I. Wyden for Senate<br>501 Capitol Court, N.E. #200<br>Washington, DC 20002 | Fundraiser | 11/15/95 | 500.00 |

SUBTOTAL of Disbursements This Page (optional) ..... 6,000.00

TOTAL This Period (last page this line number only) ..... 11,926.31

FEEAN000

**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.

FE5AN066

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

N/A
# 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) 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) | |

FESAN086

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 1/30/96 |
| ☐ | 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<br>and/or DATE OF RECEIPT |

2LP

PREPARER

1/31/96

DATE PREPARED

FEC FORM 70-2 (12/92)

9 6 0 3 0 2 0 3 7 2 6