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)

C00284653 101998 N 236
~~DIANE CHIPONIS~~ Milton Williams
GREATER ATLANTIC HEALTH SERVIC
E INC FEDERAL POLITICAL ACTION
1835 MARKET STREET 9TH FLOOR
PHILADELPHIA PA 19103

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
Dec 5 11 41 AM '98

2. FEC IDENTIFICATION NUMBER
C00284653

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

☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

☒ 30-Day Post-Election Report following the General Election
on 11/10/98 in the State of PA

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7/1/98 through 11/30/98		
6. (a) Cash on Hand January 1, 1998		$ 580.00
(b) Cash on Hand at Beginning of Reporting Period	$ 580.00	
(c) Total Receipts (from Line 19)	$ —	$ —
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 580.00	$ 580.00
7. Total Disbursements (from Line 30)	$ 580.00	$ 580.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 0	$ 0
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 202-694-1100

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
Milton W. Williams

Signature of Treasurer
Milton W. Williams

Date
11/30/98

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)

FE8AN120

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

(revised 1/1/91)

NAME OF COMMITTEE: Greater Atlantic Health Service Inc. Federal Political Action Committee

REPORT COVERING PERIOD FROM 7/1/98 TO: 11/30/98

	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)			11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) ➤			11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) ➤			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) ➤			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			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	580.00	580.00	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) ➤	580.00	580.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	580.00	580.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			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

FE9AN121

SCHEDULE 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)

Greater Atlantic Health Service Inc Federal Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Santorum 2000 P.O. Box 10495 Pittsburg, PA 15239	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/10/98	$580.00
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)	580.00
TOTAL This Period (last page this line number only)	580.00

FEBAN121

OSEB-502 (12/95)

CAMPAIGN EXPENSE REPORT

COMMONWEALTH OF PENNSYLVANIA — DEPARTMENT OF STATE
BUREAU OF COMMISSIONS, ELECTIONS AND LEGISLATION
305 NORTH OFFICE BUILDING
HARRISBURG, PA 17120

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

DEC 5 11 42 AM '98

NAME/ADDRESS INFORMATION	ELECTION DATA	REPORT FILED BY	TYPE OF REPORT
NAME OF CANDIDATE, COMMITTEE OR LOBBYIST 9300197 PAC QUALMED PLANS FOR HEALTH INC P C/O TREAS: ~~DIANE CHIPONIS~~ Milton Williams 1095 BROOKWOOD DRIVE PHOENIXVILLE, PA 19460-0000	ELECTION DATE OFFICE/DISTRICT	☐ Candidate ☒ Committee ☐ Lobbyist	☐ 6th Tues. Pre-Election ☐ 2nd Fri. Pre-Election ☐ 30-Day Post Election ☐ Annual Report ☐ Amendment Report ☒ Termination Report
CITY/STATE/ZIP CODE	COUNTY		

NOTE: This report *must* be typed or prepared in blue or black ink.

SUMMARY OF RECEIPTS AND EXPENDITURES FROM 1/1/98 **TO** 11/30/98

A. Cash Balance — Beginning (See Instruction # 1)	$	905.00
B. Total Receipts (From Schedule I — This Report Only)	$	
C. Total of Lines A and B	$	905.00
D. Total Expenditures (From Schedule II — This Report Only)	$	905.00
E. Cash Balance — Ending (Subtract Line D from Line C)	$	— 0 —
F. Unpaid Debts and Obligations (From Schedule III)	$	—
G. In-Kind Contributions (From Schedule IV — This Report Only)	$	—

FOR OFFICE USE ONLY

AFFIDAVIT SECTION

PART I — TO BE COMPLETED BY THE PERSON SUBMITTING THIS REPORT
(Treasurer — If Filed By Committee; Candidate — If Filed By Candidate)

I swear (or affirm) that this report, accompanying schedules and statements are to the best of my knowledge and belief true, cr and complete.

Sworn to and subscribed before me this 30th day of November 1998

Wynne M. Wheeler — Notary Public
Signature — Official Title

My Commission Expires July 2, 2001

Milton W. Williams
Signature of Person Submitting Report

Milton W. Williams
Printed Name

(215) 209-6411
Telephone Number

PART II — TO BE COMPLETED BY THE CANDIDATE IF THIS REPORT IS FILED BY THE CANDIDATE'S AUTHORIZED CO

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of th 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

_____ day of _____ 19____

Signature — Official Title

My Commission Expires _____

Signature of Candidate

Printed Name

Telephone Number

DSEB-502 (12/88)

SCHEDULE II
SUMMARY OF EXPENDITURES

USE THIS SECTION TO ITEMIZE ALL EXPENDITURES MADE DURING THE REPORTING PERIOD.

NAME OF CANDIDATE, COMMITTEE OR LOBBYIST	REPORTING PERIOD
QualMed Plans for Health Inc, PA Political Action Committee	From 1/1/98 To 11/30/98

DATE(S)	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT	DESCRIPTION OF EXPENDITURE	AMOUNT
11/10/98	House Republican Campaign Committee 112 State Street Harrisburg, PA 17101	Contribution	$905.00

Subtotal This Page (Optional)	►	905.00
Total This Period — Enter on Page 1 (Face Sheet) — Item D	►	905.00

SEE INSTRUCTIONS ON NEXT PAGE

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 12/2/98
☐	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	

KRS — PREPARER

12/5/98 — DATE PREPARED

(4/98)