02/27/2003 13 : 59

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

ADDRESS (number and street) ▼ 1129 20TH STREET NW #600

Check if different than previously reported. (ACC)

WASHINGTON | DC | 20036 –

2. **FEC IDENTIFICATION NUMBER** ▼ C00106740

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT NEW (N) **OR** X AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12G)

Election on in the State of

(d) 30-Day **P**ost -Election Report for the: X General (30G) Runoff (30R) Special (30S)

Election on 11 05 2002 in the State of DC

5. Covering Period 10 17 2002 through 11 25 2002

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 Electronically Filed by Robert Borchardt Date 02 27 2003

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only			**FEC FORM 3X** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name

HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

Report Covering the Period: From: 10 17 2002 To: 11 25 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		30010.51
(b) Cash on Hand at Begining of Reporting Period	14396.75	
(c) Total Receipts (from Line 19)	1998.00	112214.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	16394.75	142224.51
7. Total Disbursements (from Line 30)	6500.00	132329.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9894.75	9894.75
9. Debts and Obligations owed **TO** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed **BY** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name

HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

Report Covering the Period: From: 10 17 2002 To: 11 25 2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	670.00	
(ii) Unitemized	1328.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	1998.00	65714.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	46500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ..... ▶	1998.00	112214.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	1998.00	112214.00
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	1998.00	112214.00

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	1052.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	1052.20
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	125000.00
24. Independent Expenditure (use Schedule E)	0.00	277.56
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	6000.00	6000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	6000.00	6000.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	6500.00	132329.76
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	6500.00	132329.76
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	1998.00	112214.00
33. Total Contribution Refunds (from Line 28(d))	6000.00	6000.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	-4002.00	106214.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	1052.20
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	0.00	1052.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 9

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A. Full Name (Last, First, Middle Initial): Robert Borchardt
Mailing Address: 17434 Avenleigh Dr.
City: Ashton State: MD Zip Code: 20861
FEC ID number of contributing federal political committee.
Name of Employer: AAHP
Occupation: VP of Finance
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 31 2002
Amount of Each Receipt this Period: 50.00
contribution
Transaction ID: SA11A1.5211

B. Full Name (Last, First, Middle Initial): Dr. Philip Boulter
Mailing Address: 25 Drummer Boy Way
City: Lexington State: MA Zip Code: 02420
FEC ID number of contributing federal political committee.
Name of Employer: Tufts Health Plan
Occupation: Senior VP
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 10 21 2002
Amount of Each Receipt this Period: 350.00
contribution
Transaction ID: SA11A1.5205

C. Full Name (Last, First, Middle Initial): Julie Goon
Mailing Address: 4521 4th Road N
City: Arlington State: VA Zip Code: 22203
FEC ID number of contributing federal political committee.
Name of Employer: AAHP
Occupation: VP Public Affairs
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 2600.00
Date of Receipt: 10 31 2002
Amount of Each Receipt this Period: 60.00
contribution
Transaction ID: SA11A1.5213

SUBTOTAL of Receipts This Page (optional) ..... ▶ **460.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 / 9

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A. Full Name (Last, First, Middle Initial): Susan Pisano
Mailing Address: 5510 Lincoln St
City: Bethesda State: MD Zip Code: 20817
FEC ID number of contributing federal political committee.
Name of Employer: AAHP
Occupation: VP
Receipt For: 2002 Primary X General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00
Date of Receipt: 10 31 2002
Amount of Each Receipt this Period: 120.00
contribution
Transaction ID: SA11A1.5210

B. Full Name (Last, First, Middle Initial): Kristin Stewart
Mailing Address: 4311 North 19th St.
City: Arlington State: VA Zip Code: 22207
FEC ID number of contributing federal political committee.
Name of Employer: AAHP
Occupation: Director
Receipt For: 2002 Primary X General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt: 10 31 2002
Amount of Each Receipt this Period: 20.00
contribution
Transaction ID: SA11A1.5215

C. Full Name (Last, First, Middle Initial): Mark Van Koevering
Mailing Address: 296 Manor Circle
City: Takoma Park State: MD Zip Code: 20912
FEC ID number of contributing federal political committee.
Name of Employer: AAHP
Occupation: Deputy Director
Receipt For: 2002 Primary X General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 10 31 2002
Amount of Each Receipt this Period: 40.00
contribution
Transaction ID: SA11A1.5214

SUBTOTAL of Receipts This Page (optional) ..... ▶ **180.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 9
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial): Eric Weber
Mailing Address: 2711 Jenifer St., NW
City: Washington, State: DC Zip Code: 20015
FEC ID number of contributing federal political committee.
Name of Employer: AAHP
Occupation: Director
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 10 31 2002
Amount of Each Receipt this Period: 30.00
contribution

Transaction ID: SA11A1.5217

B.

C.

SUBTOTAL of Receipts This Page (optional) ▶	**30.00**
TOTAL This Period (last page this line number only) ▶	**670.00**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	
☐ 26	☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.

Full Name (Last, First, Middle Initial)
BROSE MCVEY FOR CONGRESS

Mailing Address
PO Box 30555 BOX 82064

City: Indianapolis
State: IN
Zip Code: 46230

Purpose of Disbursement
fundraiser

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: IN District: 07

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement
10 17 2002

Amount of Each Disbursement this Period
500.00

Transaction ID: SB23.5194

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**500.00**
TOTAL This Period (last page this line number only) ..... ▶	**500.00**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☒ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial)
BLUE SHIELD OF CALIFORNIA

Mailing Address
50 BEALE STREET
City: SAN FRANCISCO
State: CA
Zip Code: 94105

Purpose of Disbursement
Refund

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement
11 / 13 / 2002

Amount of Each Disbursement this Period
5000.00

Transaction ID: SB28C.5221

B.
Full Name (Last, First, Middle Initial)
HIGHMARK HEALTH PAC OF HIGHMARK BLUE CROSS BLUE SHIELD

Mailing Address
1800 Center Street
City: Camp Hill
State: PA
Zip Code: 17089

Purpose of Disbursement
refund excessive contribution

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement
10 / 18 / 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB28C.5208

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6000.00**

TOTAL This Period (last page this line number only) ..... ▶ **6000.00**