REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 18 3 28 PM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

C00106740 060297 P 250
ROBERT BORCHARDT
HEALTH PLAN PAC OF THE AMERICA
N ASSOC OF HEALTH PLANS FKA GR
1129 20TH STREET NW #600
WASHINGTON DC 20036

2. FEC IDENTIFICATION NUMBER

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
[x] 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 _____ in the State of _____.

(b) Is this Report an Amendment? [ ] YES [x] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1/1/97 through 6/30/97		
6. (a) Cash on Hand January 1, 19 97		$ $22,833.97
(b) Cash on Hand at Beginning of Reporting Period	$ $22,833.97	
(c) Total Receipts (from Line 19)	$ 8,209.44	$ 8,209.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 31,043.41	$ 31,043.41
7. Total Disbursements (from Line 30)	$ 17,822.71	$ 17,822.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ $13,220.70	$ $13,220.70
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 O. Borchardt

Signature of Treasurer
Robert O. Borchardt

Date
8/13/97

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)

FEYAN047

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

(revised 1/1/91)

NAME OF COMMITTEE: Health Plan PAC

REPORT COVERING PERIOD FROM 1/1/97 TO: 6/30/97

	COLUMN A Total This Period	COLUMN B Calendar Year	
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	$8,209.44	$8,209.44	11(a)(i)
i. Itemized (use Schedule A)			11(a)(ii)
ii. Unitemized			11(a)(iii)
iii. Total (add i and ii) ➤	$8,209.44	$8,209.44	11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)			11(d)
d. Total Contributions (add a III, b and c) ➤			12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity			19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$8,209.44	$8,209.44	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
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	$17,770.87	$17,770.87	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			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	51.84	51.84	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$17,822.71	$17,822.71	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)	$8,209.44	$8,209.44	32
33. Total Contribution Refunds (from line 28d)	--	--	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$8,209.44	$8,209.44	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

FE7AP04T

HEDULE A

ITEMIZED RECEIPTS

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

PAGE OF

FOR LINE NUMBER

ny 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 urposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

> H Health Plan PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Thomas Dial 5984 North 9th Rd. Arlington, VA 22205 Receipt For: Primary / General / Other (specify):	Name of Employer: AAHP Occupation: Manager Aggregate Year-to-Date > $ 60.00	1/97-6/97	$60.00
B. Susan Pisano 8820 Ridge Rd. Bethesda, MD 20817 Receipt For: Primary / General / Other (specify):	Name of Employer: AAHP Occupation: Director Aggregate Year-to-Date > $ 300.00	1/97-6/97	$300.00
C. Mark Merritt 1774 Hampton Hill Circle McLean, VA 22101 Receipt For: Primary / General / Other (specify):	Name of Employer: AAHP Occupation: VP Strategic Planning Aggregate Year-to-Date > $ $40.00	1/97-6/97	$40.00
D. Charles Stellar 209 8th St., S.E. Washington, DC 20003 Receipt For: Primary / General / Other (specify):	Name of Employer: AAHP Occupation: Executive VP Aggregate Year-to-Date > $ 300.00	1/97-6/97	$300.00
E. Robert Borchardt 17434 Avenleigh Dr. Ashton, MD 20861 Receipt For: Primary / General / Other (specify):	Name of Employer: AAHP Occupation: VP Finance Aggregate Year-to-Date > $ 300.00	1/97-6/97	$300.00
F. James Curran 3415 Quebec St., NW Washington, DC 20016 Receipt For: Primary / General / Other (specify):	Name of Employer: AAHP Occupation: Grassroots Specialist Aggregate Year-to-Date > $ 130.00	1/97-6/97	$130.00
G. Herb Schultz 2440 16th St., N.W. #422 Washington, DC 20009 Receipt For: Primary / General / Other (specify):	Name of Employer: AAHP Occupation: Direct State Advocacy Aggregate Year-to-Date > $ 300.00	1/97-6/97	$300.00

SUBTOTAL of Receipts This Page (optional) > $1,430.00

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

AA34

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)

Health Plan PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kathryn Wilber 127 Lastner Lane Greenbelt, MD 20770 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Asst. General Counsel Aggregate Year-to-Date > $ 60.00	1/97-6/97	$60.00
B. John Cattalan 1020 N. Stafford St. Arlington, VA 22201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Grassroots Coordinator Aggregate Year-to-Date > $ $60.00	1/97-6/97	$60.00
C. Julie Goon 1200 N. Veitch St. #1135 Arlington, VA 22201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: VP Public Affairs Aggregate Year-to-Date > $ 360.00	1/97-6/97	360.00
D. Richard Smith 9245 Seawind Court Columbia, MD 21045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Vice Preside Health Policy Aggregate Year-to-Date > $ 290.00	1/97-6/97	290.00
E. Barbara Lardy 2811 Albermarle St., N.W. WAshington, DC 20036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Program Manager Aggregate Year-to-Date > $ 240.00	1/97-6/97	240.00
F. Priscilla Ross 712 Burns St., SE Washington, DC 20019 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Political Affairs Mgr. Aggregate Year-to-Date > $ 195.00	1/97-6/97	195.00
G. Mark Van Koevering 236 Manor Circle Takoma Park, MD 20912 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Legislative Specialist Aggregate Year-to-Date > $ 130.00	1/97-6/97	130.00

SUBTOTAL of Receipts This Page (optional) > $1,335.00

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)

Health Plan PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Marian Goodman 7229 Devereux Court Alexandria, VA 22315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Washington Rep. Aggregate Year-to-Date > $15.00	5/97-6/97	$15.00
B. Nicole Valentine 13252 Meander Cove Germantown, MD 20874 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Wash. Rep. Aggregate Year-to-Date > $ $10.00	1/97-2/97	$10.00
C. Bonnie Hogue 3621 Newark St. NW Washington, DC 20016 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Direct of Private Market Aggregate Year-to-Date > $ $60.00	1/97-4/97	$60.00
D. Wayne Moon 555 Marina Blvd. San Francisco, CA 94123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Blue Shield of CA Occupation: CEO Aggregate Year-to-Date > $ $350.00	1/6/97	$350.00
E. Bruce Bodaken 2851 Tigertail Dr. Los Alamitos, CA 90720 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Blue Shield of CA Occupation: President Aggregate Year-to-Date > $ $500.00	1/6/97	$500.00
F. Robert Forster 178 Cascade FAlls Dr. Folsom, CA 95630 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Blue SHield of CA Occupation: Executive Aggregate Year-to-Date > $ $100.00	1/6/97	$100.00
G. Frank Apgar 7764 Winding Way Fair Oaks, CA 95628 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Blue Shield of CA Occupation: Regional Med. Director Aggregate Year-to-Date > $ $144.00	1/6/97	$144.00

SUBTOTAL of Receipts This Page (optional) $1,179.00

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

FETANOIT

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)

Health Plan PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Gini GUstafson 34349 Torrington Ct. Fremont, CA 94555 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blue Shield of CA Occupation: Director Aggregate Year-to-Date $ $25.00	1/6/97	$25.00
B. Harry Miller 2 Northpoint San Francisco, CA 94133 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blue SHield of CA Occupation: Vice President Aggregate Year-to-Date $ $50.00	1/6/97	$50.00
C. Kenneth Prewitt-Wood 763 Tiburon Blvd. Tiburon, CA 94920 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blue SHield of CA Occupation: Senior Vice President Aggregate Year-to-Date $ $100.00	1/6/97	$100.00
D. Carol Richey 4668 18th St. San Francisco, CA 94114 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blue Shield of CA Occupation: Director Aggregate Year-to-Date $ $115.44	1/6/97	$115.44
E. Karen Schievelbein 2865 Washington St. San Francisco, CA 94115 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blue SHield of CA Occupation: Chief Financial Officer Aggregate Year-to-Date $ $500.00	1/6/97	$500.00
F. Alison Schrupp 9333 Dovewood Ct. Orangevale, CA 95662 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blue Sheild of CA Occupation: Chief Executive Aggregate Year-to-Date $ $150.00	1/6/97	$150.00
G. John Stein 32 Beverly Rd. Kensington, CA 94707 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blue SHield of CA Occupation: Vice President Aggregate Year-to-Date $ $25.00	1/6/97	$25.00

SUBTOTAL of Receipts This Page (optional) $965.44

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

FE7AN047

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)
Health Plan PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Cora Tellez 1932 Cortereal Ave. Oakland, CA 94611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blue SHield of CA Occupation: Regional Chief Executive Aggregate Year-to-Date $ $300.00	1/6/97	$300.00
B. Joe Criscione 1500 Inglewood Ave. St. Helena, CA 94574 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HealthSystems Occupation: Consultant Aggregate Year-to-Date $ $1,000.00	3/3/97	$1,000.00
C. Harris A. Berman, MD 91 Pickwick Rd. West Newton, MA 02165 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tufts Associated Occupation: President Aggregate Year-to-Date $ $1,000.00	3/10/97	$1,000.00
D. Dennis Mihale, MD 4603 Apple Ridge Lane Tampa, FL 33624 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Augustine Health Occupation: CEO Aggregate Year-to-Date $ $25.00	3/14/97	$25.00
E. Joe Criscione 1500 Inglewood Ave. St. Helena, CA 94574 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Systems Occupation: VP Government Affairs Aggregate Year-to-Date $ $1,100.00	3/14/97	$100.00
F. Julie Goon 4521-4th Road N. Arlington, VA 22203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP Occupation: VP Gov't Affairs Aggregate Year-to-Date $ $560.00	3/14/97	$200.00
G. R. Eugene Lokey 1029 K St., No. 48 Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CA Planners Occupation: Legislative Consultant Aggregate Year-to-Date $ $25.00	3/14/97	$25.00

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

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

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 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)
Health Plan PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dennis Flatt 1201 K St. #1850 Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kaiser Health Plan VP Government Relations Aggregate Year-to-Date $ $25.00	3/14/97	$25.00
B. Ron Johnson 3500 N. Causeway Blvd. New Orleans, LA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MedFirst Health Plan Chief Operating Officer Aggregate Year-to-Date $ $25.00	3/14/97	$25.00
C. David Abernethy 718 East Capitol ST. NE Washington, DC 20003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HIP of Greater NY Vice President Aggregate Year-to-Date $ $100.00	3/14/97	$100.00
D. Robert Schneidler P.O. BOx 339 Bremerton, WA 98337 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	KPS Health Plans Executive Aggregate Year-to-Date $ $100.00	3/14/97	$100.00
E. Bruce Hironimus 1800 Center St. Camp Hill, PA 17089 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Highmark, Inc. Vice President Aggregate Year-to-Date $ $100.00	3/14/97	$100.00
F. Katherine Belchic 650 Poydras St. New Orleands, LA 70130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American LIFECARE VP Aggregate Year-to-Date $ $300.00	3/31/97	$300.00
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) $650.00

TOTAL This Period (last page this line number only) $8,209.44

FE74/V047

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)
Health Plan PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. The Freedom Project 111 C St, S.E. Washington, DC 20003	Dinner for Rep. John Boehner Disbursement for: [ ] Primary [ ] General [X] Other (specify) 1997	4/16/97	$1,000.00
B. Friends of Eric Serna for Congress 1996 Warner Drive Santa Fe, NM 87505	Reception Disbursement for: [ ] Primary [ ] General [X] Other (specify) 1997 Special	4/18/97	$500.00
C. Barbara Kennelly for Congress P.O. Box 3719 Central Station Hartford, CT 06103	Breakfast Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	4/18/97	$500.00
D. JD Hayworth for Congress 4451 Brookfield Corp. Drive #2 Chantelly, VA 20151	Health Dinner Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	4/28/97	$500.00
E. The Dick Armey Campaign P.O. Box 85 Lewisville, TX 75067	Industry Breakfast Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	5/19/97	$1,000.00
F. The Bill Thomas Campaign P.O. Box 395 Bakersfield, CA 93302	Breakfast & Reception Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	5/19/97	$1,500.00
G. Frist 2000 4205 Hillsboro Rd. #306 Nashville, TN 37215	Industry Dinner Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	5/19/97	$1,000.00
H. Paxon for Congress P.O. Box 69 Victory, NY 14564	Fundraising Dinner Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	5/28/97	$1,000.00
I. Coverdell Good Government Comm. 1010 Wisconsin Ave., NW #200 Washington, DC 20007	Managed Care Breakfast Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	6/30/97	$1,000.00

SUBTOTAL of Disbursements This Page (optional) $8,000.00

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

FE7AN047

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)

Health Plan PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Goverdell Good Government 3091 Maple Drive #200 Atlanta, GA 30305	Health Breakfast [X] Primary [ ] General [ ] Other (specify) 1998	1/30/97	$1,000.00
B. Nickels for Senate P.O. Box 1549 Ponca City, OK 74602	Breakfast [X] Primary [ ] General [ ] Other (specify) 1998	1/30/97	$500.00
C. Jefferds for Vermont P.O. Box 246 Montpelier, Vermont 05602	Dinner [X] Primary [ ] General [ ] Other (specify) 2000	3/3/97	$1,000.00
D. Blue Dog PAC P.O.Box 7668 Washington, DC 20044-7668	Reception [ ] Primary [ ] General [X] Other (specify) 1997	3/12/97	$500.00
E. NRCC 320 1st St., SE Washington, DC 20003	Dinner [ ] Primary [ ] General [X] Other (specify) 1997	3/17/97	$1,000.00
F. Friends of Newt Gingrich P.O. Box 1399 Roswell, GA 30077	Reception [X] Primary [ ] General [ ] Other (specify) 1998	3/19/97	$1,000.00
G. Friends of Senator Nickles P.O. Box 1549 Ponca City, OK 74602	Dinner [X] Primary [ ] General [ ] Other (specify) 1998	3/25/97	$1,000.00
H. Jefferds for Vermont P.O. Box 246 Montpelier, Vermont 05602	In-kind Contribution Dinner on 2/24/97 [ ] Primary [ ] General [ ] Other (specify)	4/3/97	$1,270.87
I. Gephardt in Congress Committee 530 7th St., SE Washington, DC 20003	Reception [X] Primary [ ] General [ ] Other (specify) 1998	4/16/97	$1,000.00

SUBTOTAL of Disbursements This Page (optional) $8,270.87

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

FETAN047

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)
Health Plan PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Re-elect Nancy Johnson to Congress Committee P.O. Box 1986 New Britain, CT 06050	Health Industry Dinner Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	6/30/97	$1,000.00
B. Jon Christensen for Congress P.O. Box 540621 Omaha, NE 68154	Dinner Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	6/30/97	$500.00
C. AAHP, 1129 20th St., N.W. Washington, DC 20036	Reimbursement to AAHP fundraiser-1/3 Rule Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	4/28/97	$48.84
D. Riggs National Bank 808 17th St., N.W. Washington, DC	Bank fees Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	1/97-6/97	$3.00
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	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) $1,551.48

TOTAL This Period (last page this line number only) $17,822.71

FE8AN133

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 8-13-97
☐	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

PREPARER

8-18-97
DATE PREPARED

FEC FORM 70-2 (12/92)