07/03/2002 12 : 22

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:

X 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 (12S)

Election on in the State of

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

Election on in the State of

5. Covering Period 01 01 2002 through 03 31 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 07 03 2002

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: 01 01 2002 To: 03 31 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	30010.51	
(c) Total Receipts (from Line 19)	48593.00	48593.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	78603.51	78603.51
7. Total Disbursements (from Line 30)	45708.58	45708.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32894.93	32894.93
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: 01 01 2002 To: 03 31 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)	34790.00	
(ii) Unitemized	2803.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	37593.00	37593.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	11000.00	11000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ..... ▶	48593.00	48593.00
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) ..... ▶	48593.00	48593.00
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	48593.00	48593.00

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	431.02	431.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	431.02	431.02
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	45000.00	45000.00
24. Independent Expenditure (use Schedule E)	277.56	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)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	45708.58	45708.58
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	45708.58	45708.58
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	48593.00	48593.00
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	48593.00	48593.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	431.02	431.02
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	431.02	431.02

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 / 33

[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): George Atkins
Mailing Address: 221 N. Pitt St.
City: Alexandria State: VA Zip Code: 22314
FEC ID number of contributing federal political committee.
Name of Employer: Health Reform Strategies
Occupation: Principal
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 04 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4807

B. Full Name (Last, First, Middle Initial): Jennifer Baxendell
Mailing Address: 2511 King Street
City: Alexandria State: VA Zip Code: 22301
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 ▼ 250.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4771

C. Full Name (Last, First, Middle Initial): Christy Bell
Mailing Address: 3 Penn Plaza
City: Newark State: NJ Zip Code: 07105
FEC ID number of contributing federal political committee.
Name of Employer: Horizon BC/BS
Occupation: Senior VP
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 04 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4812

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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 / 33

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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): Melvin Benson
Mailing Address: 253 Summer St
City: Boston State: MA Zip Code: 02210
FEC ID number of contributing federal political committee.
Name of Employer: Neighborhood Health Plan
Occupation: VP
Receipt For: 2002
Primary X General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 27 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4724

B. Full Name (Last, First, Middle Initial): Charles Berg
Mailing Address: 10 Blind Brook Road
City: Westport State: CT Zip Code: 06880
FEC ID number of contributing federal political committee.
Name of Employer: Oxford Health Plan
Occupation: President
Receipt For: 2002
Primary X General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 02 27 2002
Amount of Each Receipt this Period: 1000.00
contribution
Transaction ID: SA11A1.4819

C. Full Name (Last, First, Middle Initial): Herb Berman
Mailing Address: 333 Wyman St. P.O. Box 9112
City: Waltham State: MA Zip Code: 02254
FEC ID number of contributing federal political committee.
Name of Employer: Tufts Health Plan
Occupation: Chairman & CEO
Receipt For: 2002
Primary X General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 02 27 2002
Amount of Each Receipt this Period: 1000.00
contribution
Transaction ID: SA11A1.4821

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2250.00**

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 7 / 33

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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): Lorina Marshall Blake
Mailing Address: 1901 Market St. 38th Floor
City: Philadelphia State: PA Zip Code: 19103
FEC ID number of contributing federal political committee.
Name of Employer: Independence Blue Cross
Occupation: VP
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4886

B.
Full Name (Last, First, Middle Initial): Carmella Bocchino
Mailing Address: 820 S. Fairfax St.
City: Alexandria State: VA Zip Code: 22314
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 ▼ 250.00
Date of Receipt: 03 04 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4814

C.
Full Name (Last, First, Middle Initial): Bruce Bodaken
Mailing Address: 18 Turtle Rock Ct
City: Tiburon State: CA Zip Code: 94920
FEC ID number of contributing federal political committee.
Name of Employer: Blue Shield of CA
Occupation: President
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 03 04 2002
Amount of Each Receipt this Period: 1000.00
contribution
Transaction ID: SA11A1.4813

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1500.00**

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 8 / 33

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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): Patricia Clarey
Mailing Address: 90 Parker Ave. #205
City: San Francisco State: CA Zip Code: 94118
FEC ID number of contributing federal political committee.
Name of Employer: HealthNet
Occupation: VP
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 27 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4729

B.
Full Name (Last, First, Middle Initial): Edward Cotter
Mailing Address: 155 Grand Ave.
City: Oakland State: CA Zip Code: 94612
FEC ID number of contributing federal political committee.
Name of Employer: Health Net, Inc.
Occupation: VP
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 04 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4808

C.
Full Name (Last, First, Middle Initial): Robert Crane
Mailing Address: 1 Kaiser Plaza
City: Oakland State: CA Zip Code: 94612
FEC ID number of contributing federal political committee.
Name of Employer: Kaiser Permanente
Occupation: Sr. VP
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4794

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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 9 / 33

[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): Joe Criscione
Mailing Address: 1215 K St., #2010
City: Sacramento State: CA Zip Code: 95814
FEC ID number of contributing federal political committee.
Name of Employer: Blue Shield of CA
Occupation: Senior Consultant
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 04 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4806

B. Full Name (Last, First, Middle Initial): Douglas Cuony
Mailing Address: 5954 Paradise Point Drive
City: Miami State: FL Zip Code: 33157
FEC ID number of contributing federal political committee.
Name of Employer: AvMed Health Plan
Occupation: Chief Operating Officer
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 02 27 2002
Amount of Each Receipt this Period: 300.00
contribution
Transaction ID: SA11A1.4715

C. Full Name (Last, First, Middle Initial): Charles Cutler
Mailing Address: 458 Lenox Ave.
City: South Orange State: NJ Zip Code: 07079
FEC ID number of contributing federal political committee.
Name of Employer: AAHP
Occupation: Chief Medical Officer
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 03 04 2002
Amount of Each Receipt this Period: 500.00
contribution
Transaction ID: SA11A1.4802

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1050.00**

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 10 / 33

[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): Diana Dennett
Mailing Address: 3412 Q Street, N.W.
City: Washington State: DC Zip Code: 20007
FEC ID number of contributing federal political committee.
Name of Employer: AAHP
Occupation: Executive Vice President
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 02 27 2002
Amount of Each Receipt this Period: 1000.00
contribution
Transaction ID: SA11A1.4691

B.
Full Name (Last, First, Middle Initial): Colette Desmarais
Mailing Address: 521 Wall Street
City: Seattle State: WA Zip Code: 98121
FEC ID number of contributing federal political committee.
Name of Employer: Group Health Cooperative
Occupation: Director
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 04 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4810

C.
Full Name (Last, First, Middle Initial): Mary Elizabeth Donahue
Mailing Address: 1415 29th St., NW
City: Washington State: DC Zip Code: 20007
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 ▼ 250.00
Date of Receipt: 02 19 2002
Amount of Each Receipt this Period: 250.00
Contribution
Transaction ID: SA11A1.4684

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1500.00**

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

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[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): Mary Elizabeth Donahue
Mailing Address: 1415 29th St., NW
City: Washington State: DC Zip Code: 20007
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 ▼ 500.00
Date of Receipt: 02 27 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4726

B. Full Name (Last, First, Middle Initial): Behrends Foster
Mailing Address: 2211 Clark Place
City: Silver Spring State: MD Zip Code: 20902
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 ▼ 350.00
Date of Receipt: 03 04 2002
Amount of Each Receipt this Period: 350.00
contribution
Transaction ID: SA11A1.4805

C. Full Name (Last, First, Middle Initial): Gary Gannaway
Mailing Address: 601 Union Street #1100
City: Seattle State: WA Zip Code: 98101
FEC ID number of contributing federal political committee.
Name of Employer: First Choice Health Network Occupation: President/CEo
Receipt For: 2002 Primary X General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 1000.00
contribution
Transaction ID: SA11A1.4796

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1600.00**

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 12 / 33

[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): J. Patrick Garner
Mailing Address: 1 Wellpoint Way
City: Thousand Oaks State: CA Zip Code: 91362
FEC ID number of contributing federal political committee.
Name of Employer: WellPoint Occupation: Sr.VP
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 05 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4798

B. Full Name (Last, First, Middle Initial): Vincent Giblin
Mailing Address: 3 Penn Plaza East
City: Newark, State: NJ Zip Code: 07105
FEC ID number of contributing federal political committee.
Name of Employer: Horizon BC/BS Occupation: Director
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt: 03 21 2002
Amount of Each Receipt this Period: 2000.00
contribution
Transaction ID: SA11A1.4760

C. Full Name (Last, First, Middle Initial): Jeffrey Goodwin
Mailing Address: 441 9th Ave.
City: New York State: NY Zip Code: 10001
FEC ID number of contributing federal political committee.
Name of Employer: Group Health Inc. Occupation: Director
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 250.00
contributon
Transaction ID: SA11A1.4767

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2500.00**

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 13 / 33

[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): 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 ▼ 1000.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 1000.00
contribution
Transaction ID: SA11A1.4792

B.
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 ▼ 1180.00
Date of Receipt: 03 27 2002
Amount of Each Receipt this Period: 180.00
contribution
Transaction ID: SA11A1.4748

C.
Full Name (Last, First, Middle Initial): Dr. Arthur Goshin
Mailing Address: 205 Park Club Lane
City: Buffalo State: NY Zip Code: 14221
FEC ID number of contributing federal political committee.
Name of Employer: Univera Healthcare
Occupation: President/CEO
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 02 27 2002
Amount of Each Receipt this Period: 1000.00
contributions
Transaction ID: SA11A1.4735

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2180.00**

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 14 / 33

[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): Lynne Gross
Mailing Address: 4360 Irwin Simpson Rd.
City: Mason State: OH Zip Code: 45040
FEC ID number of contributing federal political committee.
Name of Employer: Anthem Blue Cross/Blue Sheild
Occupation: VP
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 04 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4815

B. Full Name (Last, First, Middle Initial): Edwin Hannum
Mailing Address: 1861 LaGrande Dr.
City: Dunedin State: FL Zip Code: 34698
FEC ID number of contributing federal political committee.
Name of Employer: AvMed Health Plan
Occupation: VP
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 27 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4712

C. Full Name (Last, First, Middle Initial): Robert Hudson
Mailing Address: P.O. Box 749
City: Gainesville State: FL Zip Code: 32602
FEC ID number of contributing federal political committee.
Name of Employer: AvMed Health Plan
Occupation: President/CEO
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 02 27 2002
Amount of Each Receipt this Period: 1000.00
contribution
Transaction ID: SA11A1.4734

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1500.00**

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 15 / 33

[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): Karen Ignagni
Mailing Address: 3105 Chesapeake St., NW
City: Washington State: DC Zip Code: 20008
FEC ID number of contributing federal political committee.
Name of Employer: AAHP
Occupation: President/CEO
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 1000.00
contribution
Transaction ID: SA11A1.4774

B. Full Name (Last, First, Middle Initial): Stephanie Kanwit
Mailing Address: 117 Cameron Mews
City: Alexandria State: VA Zip Code: 22314
FEC ID number of contributing federal political committee.
Name of Employer: AAHP
Occupation: Sr. VP
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 500.00
contributon
Transaction ID: SA11A1.4790

C. Full Name (Last, First, Middle Initial): Isadore King
Mailing Address: 2875 W. Grand Blvd.
City: Detroi State: MI Zip Code: 48202
FEC ID number of contributing federal political committee.
Name of Employer: The Wellness Plan
Occupation: President/CEO
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 1000.00
contribution
Transaction ID: SA11A1.4776

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2500.00**

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 16 / 33

[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): Tony Lamb
Mailing Address: 713 N. Cleveland St.
City: Arlington State: VA Zip Code: 22201
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: 250.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4822

B.
Full Name (Last, First, Middle Initial): Pamela MacEwen
Mailing Address: 521 Wall Street ACC3
City: Seattle State: WA Zip Code: 98121
FEC ID number of contributing federal political committee.
Name of Employer: Group Health Cooperative
Occupation: VP
Receipt For: 2002
Primary X General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4784

C.
Full Name (Last, First, Middle Initial): William Marino
Mailing Address: 6 Cobblestone Lane
City: Morris Township State: NJ Zip Code: 07960
FEC ID number of contributing federal political committee.
Name of Employer: Horizon BC/BS
Occupation: CEO
Receipt For: 2002
Primary X General
Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 03 21 2002
Amount of Each Receipt this Period: 2000.00
contribution
Transaction ID: SA11A1.4762

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2500.00**

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

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[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): William McHugh
Mailing Address: 511 Farber Lakes Drive
City: Buffalo State: NY Zip Code: 14221
FEC ID number of contributing federal political committee.
Name of Employer: Independent Health
Occupation: Executive VP
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 1000.00
contribution
Transaction ID: SA11A1.4779

B. Full Name (Last, First, Middle Initial): Marcus Merz
Mailing Address: 6105 Gloden Hills Dr.
City: Golden Valley State: MN Zip Code: 55416
FEC ID number of contributing federal political committee.
Name of Employer: PreferredOne
Occupation: President/CEO
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 1000.00
contribution
Transaction ID: SA11A1.4773

C. Full Name (Last, First, Middle Initial): Norman Payson
Mailing Address: 48 Monroe Turnpike
City: Trumbull State: CT Zip Code: 06611
FEC ID number of contributing federal political committee.
Name of Employer: Oxford Health
Occupation: Chairman & CEO
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt: 02 27 2002
Amount of Each Receipt this Period: 5000.00
contribution
Transaction ID: SA11A1.4692

SUBTOTAL of Receipts This Page (optional) ..... ▶ **7000.00**

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 18 / 33

[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 ▼ 360.00
Date of Receipt: 03 27 2002
Amount of Each Receipt this Period: 360.00
contribution
Transaction ID: SA11A1.4744

B. Full Name (Last, First, Middle Initial): George Renaudin
Mailing Address: One Galleria Blvd #850
City: Metairie State: LA Zip Code: 70001
FEC ID number of contributing federal political committee.
Name of Employer: Ochsner Health Plan
Occupation: Senior VP
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4770

C. Full Name (Last, First, Middle Initial): Leo Rogers
Mailing Address: 62 Skyline Drive
City: Morristown State: NJ Zip Code: 07960
FEC ID number of contributing federal political committee.
Name of Employer: Horizon BC/BS
Occupation: Director
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 03 21 2002
Amount of Each Receipt this Period: 1000.00
contribution
Transaction ID: SA11A1.4758

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1610.00**

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

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[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): Valerie Rosenhock
Mailing Address: 205 Park Club Lane
City: Buffalo State: NY Zip Code: 14221
FEC ID number of contributing federal political committee.
Name of Employer: Univera Healthcare
Occupation: VP
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4782

B. Full Name (Last, First, Middle Initial): Louis Saccoccio
Mailing Address: 1434 Jerrold Place
City: Crofton State: MD Zip Code: 21114
FEC ID number of contributing federal political committee.
Name of Employer: AAHP
Occupation: General Counsel
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 04 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4803

C. Full Name (Last, First, Middle Initial): Candace Schaller
Mailing Address: 3835 N. 26th St.
City: Arlington State: VA Zip Code: 22207
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 ▼ 600.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 600.00
contribution
Transaction ID: SA11A1.4769

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1100.00**

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

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[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): Marie Soldo
Mailing Address: P.O. Box 15645
City: Las Vegas State: NV Zip Code: 89114
FEC ID number of contributing federal political committee.
Name of Employer: Sierra Health Services
Occupation: Executive VP
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4786

B. Full Name (Last, First, Middle Initial): Charles Steller
Mailing Address: 2932 Albemarle St., NW
City: Washington State: DC Zip Code: 20008
FEC ID number of contributing federal political committee.
Name of Employer: AAHP
Occupation: Executive VP
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 1000.00
contribution
Transaction ID: SA11A1.4788

C. Full Name (Last, First, Middle Initial): Paula Stone
Mailing Address: 5495 Beltline Rd. #140
City: Dallas State: TX Zip Code: 75240
FEC ID number of contributing federal political committee.
Name of Employer: R.A.Stone & Associates
Occupation: President
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4797

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1500.00**

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

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[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): Scott Styles
Mailing Address: 9 East Del Ray Ave.
City: Alexandria State: VA Zip Code: 22301
FEC ID number of contributing federal political committee.
Name of Employer: AAHP
Occupation: Executive Director
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 04 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4804

B.
Full Name (Last, First, Middle Initial): Lyle Swallow
Mailing Address: 50 Beale St.
City: San Francisco State: CA Zip Code: 94105
FEC ID number of contributing federal political committee.
Name of Employer: Blue Shield of CA
Occupation: Associate General Counsel
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 27 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4732

C.
Full Name (Last, First, Middle Initial): Dr. Bradley T. Truax
Mailing Address: 471 Ft. Gray Drive
City: Lewiston State: NY Zip Code: 14092
FEC ID number of contributing federal political committee.
Name of Employer: Independent Health
Occupation: Senior Medical Director
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 27 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4722

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

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[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): Ian Udvarhelyi
Mailing Address: 1901 Market St.
City: Philadelphia, State: PA Zip Code: 19103
FEC ID number of contributing federal political committee.
Name of Employer: Independence BC
Occupation: Sr. VP
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4777

B. Full Name (Last, First, Middle Initial): Judith Wickens
Mailing Address: 9326 Lakeshore Drive
City: Brentwood State: TN Zip Code: 37027
FEC ID number of contributing federal political committee.
Name of Employer: United Healthcare
Occupation: President
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 03 20 2002
Amount of Each Receipt this Period: 500.00
contribution
Transaction ID: SA11A1.4764

C. Full Name (Last, First, Middle Initial): Thomas Woodruff
Mailing Address: 1804 N. Veitch St
City: Arlington State: VA Zip Code: 22201
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 ▼ 250.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4780

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1000.00**

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

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[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): Christina Yehle
Mailing Address: 4310 S. 35th St.
City: Arlington State: VA Zip Code: 22206
FEC ID number of contributing federal political committee.
Name of Employer: AAHP
Occupation: Associate General Counsel
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 27 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.4730

B.
Full Name (Last, First, Middle Initial): Steven Zatkin
Mailing Address: One Kaiser Plaza #2752
City: Oakland State: CA Zip Code: 94612
FEC ID number of contributing federal political committee.
Name of Employer: Kaiser Foundation Health Plan
Occupation:
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 03 01 2002
Amount of Each Receipt this Period: 1000.00
contribution
Transaction ID: SA11A1.4793

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1250.00**

TOTAL This Period (last page this line number only) ..... ▶ **34790.00**

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 24 / 33

☐ 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)
AETNA

Mailing Address
151 Farmington Ave. RE6A

City: Hartford. State: CT Zip Code: 06156

FEC ID number of contributing federal political committee.

Name of Employer | Occupation

Receipt For: 2002
Primary X General
Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 06 2002

Amount of Each Receipt this Period: 5000.00

contribution

Transaction ID: SA11C.4756

B. Full Name (Last, First, Middle Initial)
HIGHMARK HEALTH PAC

Mailing Address
1800 Center St.

City: Camp Hill State: PA Zip Code: 17089

FEC ID number of contributing federal political committee. C00302844

Name of Employer | Occupation

Receipt For: 2002
Primary X General
Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 27 2002

Amount of Each Receipt this Period: 1000.00

contribution

Transaction ID: SA11C.4738

C. Full Name (Last, First, Middle Initial)
PACIFICARE PAC

Mailing Address
3120 Lake Center Dr. P.O. Box 25186

City: Santa Ana State: CA Zip Code: 52799

FEC ID number of contributing federal political committee. C00240903

Name of Employer | Occupation

Receipt For: 2002
Primary X General
Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 27 2002

Amount of Each Receipt this Period: 5000.00

contribution

Transaction ID: SA11C.4739

SUBTOTAL of Receipts This Page (optional) ..... ▶ **11000.00**

TOTAL This Period (last page this line number only) ..... ▶ **11000.00**

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)

[X] 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)
Riggs National Bank

Mailing Address
1913 Mass. Ave., NW

City: Washington
State: DC
Zip Code: 20036

Purpose of Disbursement
Bank fees & CC fees

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
03 31 2002

Amount of Each Disbursement this Period
431.02

Transaction ID: SB21B.4911

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 431.02

TOTAL This Period (last page this line number only) ..... ▶ 431.02

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)
BAYOU LEADER POLITICAL ACTION COMMITTEE

Mailing Address
524 FORT WILLIAMS PARKWAY
City: ALEXANDRIA State: VA Zip Code: 22304

Purpose of Disbursement
Ck#718, 10/12/01, never cashed

Candidate Name

Category/Type

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

Disbursement For: 2002
Primary X General
Other (specify)

Date of Disbursement: 02 / 02 / 2002

Amount of Each Disbursement this Period: -1500.00

Transaction ID: SB23.4823

B.
Full Name (Last, First, Middle Initial)
BAYOU LEADER POLITICAL ACTION COMMITTEE

Mailing Address
524 FORT WILLIAMS PARKWAY
City: ALEXANDRIA State: VA Zip Code: 22304

Purpose of Disbursement
Replace Ck #718 fundraiser

Candidate Name

Category/Type

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

Disbursement For: 2002
Primary X General
Other (specify)

Date of Disbursement: 02 / 14 / 2002

Amount of Each Disbursement this Period: 1500.00

Transaction ID: SB23.4824

C.
Full Name (Last, First, Middle Initial)
COLLINS FOR SENATOR

Mailing Address
PO BOX 1096
City: BANGOR State: ME Zip Code: 04402

Purpose of Disbursement
FUNDRAISER

Candidate Name

Category/Type

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

Disbursement For: 2002
X Primary General
Other (specify)

Date of Disbursement: 03 / 19 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4859

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1000.00**

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

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)
Committee for Preservation Capitalism

Mailing Address
P.O. Box 22614
City: Alexandria State: VA Zip Code: 22304

Purpose of Disbursement
fundraiser

Candidate Name

Category/Type

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

Disbursement For: 2002
Primary X General
Other (specify)

Date of Disbursement
02 / 25 / 2002

Amount of Each Disbursement this Period
5000.00

Transaction ID: SB23.4828

B.
Full Name (Last, First, Middle Initial)
DEGETTE, DIANA LOUISE

Mailing Address
280 ELM STREET
City: DENVER State: CO Zip Code: 80220

Purpose of Disbursement
Fundraiser

Candidate Name
DEGETTE, DIANA LOUISE

Category/Type

Office Sought: X House / Senate / President
State: CO District: 01

Disbursement For: 2002
Primary X General
Other (specify)

Date of Disbursement
03 / 18 / 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4855

C.
Full Name (Last, First, Middle Initial)
DEVIN NUNES FOR CONGRESS 2002

Mailing Address
PO BOX 891
City: PIXLEY State: CA Zip Code: 93256

Purpose of Disbursement
fundraiser

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: CA District: 21

Disbursement For: 2002
Primary X General
Other (specify)

Date of Disbursement
02 / 25 / 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4877

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7000.00**

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

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)
DOOLEY FOR CONGRESS

Mailing Address
PO Box 109
City: Fresno State: CA Zip Code: 93709

Purpose of Disbursement
FUNDRAISER

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: CA District: 20

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

Date of Disbursement
02 14 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4825

B.
Full Name (Last, First, Middle Initial)
FLETCHER FOR CONGRESS

Mailing Address
860 Corporate Drive #301
City: LEXINGTON State: KY Zip Code: 40503

Purpose of Disbursement
Fundraiser

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: KY District: 06

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

Date of Disbursement
03 19 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4856

C.
Full Name (Last, First, Middle Initial)
FRIENDS OF ROY BLUNT

Mailing Address
P.O. Box 50100
City: Springfield State: MO Zip Code: 65805

Purpose of Disbursement
Fundraiser

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: MO District: 7

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

Date of Disbursement
03 04 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4839

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

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)
HUTCHINSON FOR SENATE

Mailing Address
P.O. Box 1150
City: Little Rock | State: AR | Zip Code: 72202

Purpose of Disbursement
fundraiser

Candidate Name

Category/Type

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

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

Date of Disbursement: 03 / 27 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4873

B.
Full Name (Last, First, Middle Initial)
KAY GRANGER CAMPAIGN FUND

Mailing Address
910 Houston Street Suite 105-C
City: Fort Worth | State: TX | Zip Code: 76102

Purpose of Disbursement
Fundraiser

Candidate Name
KAY GRANGER CAMPAIGN FUND

Category/Type

Office Sought: X House / Senate / President
State: TX District: 12

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

Date of Disbursement: 03 / 07 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4847

C.
Full Name (Last, First, Middle Initial)
LUCAS FOR CONGRESS 2000

Mailing Address
P.O. BOX 17344
City: COVINGTON | State: KY | Zip Code: 41017

Purpose of Disbursement
FUNDRAISER

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: KY District: 04

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

Date of Disbursement: 03 / 19 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4863

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

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)
Mike Bilirakis for Congress

Mailing Address
P.O. Box 1077
City: Tarpon Springs | State: FL | Zip Code: 34689

Purpose of Disbursement
fundraisr

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: FL District: 9

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

Date of Disbursement: 03 / 21 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4864

B. Full Name (Last, First, Middle Initial)
Nancy Johnson for Congress

Mailing Address
4451 Brookfield Corporate Dr. #200
City: Chantilly | State: VA | Zip Code: 20151

Purpose of Disbursement
Primary Election

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: CT District: 06

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

Date of Disbursement: 02 / 25 / 2002

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB23.4826

C. Full Name (Last, First, Middle Initial)
Nancy Johnson for Congress

Mailing Address
4451 Brookfield Corporate Dr. #200
City: Chantilly | State: VA | Zip Code: 20151

Purpose of Disbursement
General Election

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: CT District: 06

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

Date of Disbursement: 02 / 25 / 2002

Amount of Each Disbursement this Period: 3000.00

Transaction ID: SB23.4827

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **9000.00**

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

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)
NELSON FOR US SENATE

Mailing Address
426 C St., NE
City: Washington
State: DC
Zip Code: 20002

Purpose of Disbursement
fundraiser

Candidate Name

Category/Type

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

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

Date of Disbursement: 03/27/2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4874

B.
Full Name (Last, First, Middle Initial)
NEW REPUBLICAN MAJORITY FUND

Mailing Address
201 NORTH UNION STREET SUITE 530
City: ALEXANDRIA
State: VA
Zip Code: 22314

Purpose of Disbursement
FUNDRAISER

Candidate Name

Category/Type

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

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

Date of Disbursement: 03/25/2002

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB23.4869

C.
Full Name (Last, First, Middle Initial)
Northrup for Congress

Mailing Address
P.O. Box 7313
City: Louisville
State: KY
Zip Code: 40257

Purpose of Disbursement
fundraiser

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: KY District: 3

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

Date of Disbursement: 03/19/2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4857

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7000.00**

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

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): REPUBLICAN MAJORITY FUND
Mailing Address: 101 CONSTITUTION AVE #900
City: WASHINGTON State: DC Zip Code: 20001
Purpose of Disbursement: Fundraiser
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2002 Primary X General Other (specify)
Date of Disbursement: 03 / 27 / 2002
Amount of Each Disbursement this Period: 5000.00
Transaction ID: SB23.4871

B.
Full Name (Last, First, Middle Initial): The Freedom Project
Mailing Address: 111 C Street, SE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: Fundraiser
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2002 Primary X General Other (specify)
Date of Disbursement: 02 / 25 / 2002
Amount of Each Disbursement this Period: 5000.00
Transaction ID: SB23.4828

C.
Full Name (Last, First, Middle Initial): TORRICELLI FOR U S SENATE
Mailing Address: 700 13TH STREET, NW
City: WASHINGTON State: DC Zip Code: 20005
Purpose of Disbursement: fundraiser
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: NJ District:
Disbursement For: 2002 X Primary General Other (specify)
Date of Disbursement: 03 / 21 / 2002
Amount of Each Disbursement this Period: 5000.00
Transaction ID: SB23.4865

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **15000.00**

TOTAL This Period (last page this line number only) ..... ▶ **45000.00**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC	C00106740

Full Name (Last, First, Middle, Initial) of Payee
National Republican Club of Capitol Hill

Mailing Address
300 First Street, SE

City	State	Zip Code
Washington	DC	20003

Date: M M D D Y Y Y Y
03 27 2002

Amount: 277.56

Transaction ID: SE24.4880

Purpose of Expenditure
Reimbursement Fundraiser Hon. Roy Blunt

Category/ Type

Name of Federal Candidate supported or opposed by expenditure:

Office Sought: House
Senate
Presidential

State: _____ District: _____

Check One: X Support Oppose

(a) **SUBTOTAL** of Itemized Independent Expenditures ..... ▶ **277.56**

(b) **SUBTOTAL** of Unitemized Independent Expenditures ..... ▶ **0.00**

(c) **TOTAL** Independent Expenditures ..... ▶ **277.56**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee.

Date: M M D D Y Y Y Y

Signature