REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 10 P 1:27

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Health Plan PAC of American Ass. of Health Plans

ADDRESS (number and street) ☐ Check if different than previously reported
1129 20th St., N.W. #600

CITY, STATE and ZIP CODE
Washington, DC 20036

2. FEC IDENTIFICATION NUMBER
C00106740

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 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 ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period July 1, 1999 through Dec. 31, 1999		
6. (a) Cash on Hand January 1, 19 99		$ $ 3,748.43
(b) Cash on Hand at Beginning of Reporting Period	$ 2,926.78	
(c) Total Receipts (from Line 19)	$ 8,770.00	$ 17,450.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 11,696.78	$ 21,198.43
7. Total Disbursements (from Line 30)	$ 9,449.39	$ 18,951.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 2,247.39	$ 2,247.39
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ --	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ --	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Robert O. Borchardt

Signature of Treasurer
R O Borchardt

Date
1/13/00

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 8/93)

FE6ANI21

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 7/1/99 TO: 12/31/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	$8,200.00	$11,700.00	11(a)(i)
i. Itemized (use Schedule A)	70.00	250.00	11(a)(ii)
ii. Unitemized	8,270.00	11,950.00	11(a)(iii)
iii. Total (add i and ii) ➤	0.00	0.00	11(b)
b. Political Party Committees	500.00	5,500.00	11(c)
c. Other Political Committees (such as PACs)	8,770.00	17,450.00	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	$8,770.00	$17,450.00	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤			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	$9,390.95	$18,890.95	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:			28(a)
a. Individuals/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) ➤	58.44	60.09	29
29. Other Disbursements	$9,449.39	$18,951.04	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤			31
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$8,770	$17,450	32
33. Total Contribution Refunds (from line 28d)	--	--	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$8,770	$17,450	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

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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. Susan Pisano 8820 Ridge Rd. Bethesda, MD 20817 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP VP of Comm. Aggregate Year-to-Date $ $1,035.00	12/99	$735.00
B. Patricia Douglass 2868 Dublin Dr. Glendale, CA 91206 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PacifiCare Director Aggregate Year-to-Date $ 100.00	7/1/99	$100.00
C. Robert Borchardt 17434 Avenleight Dr. Ashton, MD 20861 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP VP of Finance Aggregate Year-to-Date $ 650.00	12/99	$350
D. Wayne Bradley, Sr. 2875 W. Grand Blvd. Detroit, MI 48202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Wellness Plan Vice President Aggregate Year-to-Date $ $150.00	7/1/99	$150.00
E. Julie Goon 1200 N. Veitch St. #1135 Arlington, VA 22201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP VP of Public Affairs Aggregate Year-to-Date $ $780.00	12/99	$420.00
F. Richard Smith 9245 Seawind Court Columbia, MD 21045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP VP of Health Policy Aggregate Year-to-Date $ $650.00	12/99	$350.00
G. Barbara Lardy 2811 Albermarle St., NW Washington, DC 20036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP Director Aggregate Year-to-Date $ $360.00	12/99	$120.00

SUBTOTAL of Receipts This Page (optional) $2,225.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

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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. G. Michael Hammes 960 Silver Mist Ct. Brookfield, WI 53005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Family Health Systems President Aggregate Year-to-Date > $ $250.00	7/1/99	$250.00
B. Karen Ardrey 25235 Greenbrooke Dr. Southfield, MI 48034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Wellness Plan VP Aggregate Year-to-Date > $ $100.00	7/1/99	$100.00
C. Marcus Merz 1 Spring Marsh Lane North Oaks, MN 55127 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Preferred One President & CEO Aggregate Year-to-Date > $ $1,000.00	7/1/99	$1,000.00
D. Kenneth Hall 521 5th Ave. W. Seattle, WA 98119 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	First Choice Health VP Aggregate Year-to-Date > $ $250.00	7/1/99	$250.00
E. Debra Ward 1012 Fair Oaks Ave. Pasadena, CA 91030 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	UHP Healthcare VP Aggregate Year-to-Date > $ $100.00	7/1/99	$100.00
F. James W. Patton 25612 Woodville Place Southfield, MI 48075 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Wellness Plan President & CEO Aggregate Year-to-Date > $ $1,000.00	7/12/99	$1,000.00
G. Samuel McCargo 19620 Canterbury Detroit, MI 38221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Wellness Plan Sr. VP Aggregate Year-to-Date > $ $100.00	7/12/99	$100.00

SUBTOTAL of Receipts This Page (optional) $2,800.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Health Plan PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Paula Morgan 22 Battery St. San Fran., CA 94111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Morgan Consulting Resources President Aggregate Year-to-Date $ $250.00	7/22/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Phillip Griffin 6105 Golden Hills Dr. Golden Valley, MN 55416 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Preferred One VP Aggregate Year-to-Date $ $100.00	7/22/99	$100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Mahowald 1441 Lameti Lane Arden Hills, MN 55112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	none 7 self employed Aggregate Year-to-Date $ $100.00	7/22/99	$100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Wolfson 100 Albany St. #130 New Brunswick, NJ 08901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alliance of Comm. Health President Aggregate Year-to-Date $ ~~$100.00~~ $50.00	7/22/99	$50.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Glenn Spielman 401 THe Highlands Danville, PA 17821 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Penn State Geisinger Health Plan VP Aggregate Year-to-Date $ $10.00	7/27/99	$10.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard Merrapese 1300 Huntington Bldg. 925 Euclid AVe. Cleveland, OH 44115 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	none Partner Aggregate Year-to-Date $ $200.00	8/9/99	$200.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
T. Hershel Gardin 2544 Karen Oak Park, MI 48237 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	THe Wellness Plan Assistant VP Aggregate Year-to-Date $ $100.00	8/16/99	$100.00

SUBTOTAL of Receipts This Page (optional) $810.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF

FOR LINE NUMBER

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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. Beverly Blaisure 350 Miles Hollow Rd. Julian, PA 16844 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Geisinger Health Occupation: Medical Director Aggregate Year-to-Date > $ $25.00	8/10/99	$25.00
B. LT Mathews 35376 Glengary Circle Farmington Hills, MI 48331 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Wellness Plan Occupation: VP & CFO Aggregate Year-to-Date > $ $100.00	8/10/99	$100.00
C. Ashok Parikh 21626 Woodfarm Dr. Northville, MI 48167 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Wellness Plan Occupation: VP & CIO Aggregate Year-to-Date > $ $100.00	8/10/99	$100.00
D. Isadore King 4370 Westpark Ct. Ann Arbor, Mi 48108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Wellness Plan Occupation: President & CEO Aggregate Year-to-Date > $ $100.00	8/10/99	$100.00
E. Howard Hughes 65 Overlook Dr. Danville, PA 17821 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Geisinger Health Plan Occupation: Senior VP Aggregate Year-to-Date > $ $500.00	8/24/99	$500.00
F. Mary Sellers 500 West Main St. Louisville, KY 40202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Humana Occupation: Manager Aggregate Year-to-Date > $ 450.00	8/30/99	$50.00
G. George Strumpf 625 Indiana Ave. Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Alliance Comm. Health Plan Occupation: Senior VP Aggregate Year-to-Date > $ $100.00	8/30/99	$100.00

SUBTOTAL of Receipts This Page (optional) $975.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

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. Gwendolyn Knight 76 Main St. Vergennes, VT Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Knight Consulting Occupation: Consulting Aggregate Year-to-Date > $ $50.00	8/30/99	$50.00
B. Joe Criscione 1215 K St. Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blue Shieldof CA Occupation: Senior Consultant Aggregate Year-to-Date > $ $200.00	8/30/99	$200.00
C. Diana Dennett 3412 Q St., NW Washington, DC 20007 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP Occupation: Exec. VP Aggregate Year-to-Date > $ $1,000.00	10/21/99	$1,000.00
D. Blue PAC P.O. Box 60710 Harrisburg, PA 17106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Penn. Blue Cross Plans Occupation: Aggregate Year-to-Date > $ $500.00	9/17/99	$500.00
E. Mark Van Koevering 236 Manor Circle Takoma Park, MD 20912 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP Occupation: Legisl Specialist Aggregate Year-to-Date > $ $260.00	12/99	$140.00
F. 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
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) $1,890.00

TOTAL This Period (last page this line number only) $8,770.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

Health Plan PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [X] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Diana DEnnett, 3412 Q St., NW, Wash., DC 20007	In-kind for Cong. Thomas & Cong. Hastert	7/1/99	$1,390.95
B. Enzi for Senate, 2310 Fort Scott Drive, Arlington, VA 22202	Luncheon	9/20/99	$1,000.00
C. Celebration 2000, 900 2nd St., NE, Washington, DC 20002	Fund Raiser	10/1/99	$1,000.00
D. Lieberman 2000, 236 Mass. Ave., NE, Washington, DC 20002	Luncheon	10/14/99	$1,000.00
E. Anne Northup for Congress, P.O. Box 7313, Louisville, KY 40257	Breakfast	11/4/99	$1,000.00
F. CPC PAC, P.O. Box 22614, Alexandria, VA 22304	Luncheon for Cong. Jim McCrery	11/4/99	$1,000.00
G. Re-Elect Nancy Johnson to Congress Committee, P.O. Box 1986, New Briton, CT 06050	Breakfast	11/4/99	$1,000.00
H. THe Freedom Project, 111 C St., SE, Washington, DC 20003	Birthday Celebration Cong. John Boehner's	11/17/99	$1,000.00
I. 1999-2000 Republican Majority Fund, 1155 21st St. #300, Washington, DC 20036	Fundraiser	12/14/99	$1,000.00

SUBTOTAL of Disbursements This Page (optional) $9,390.95

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

Health Plan PAC

A. Full Name, Mailing Address and ZIP Code Riggs National Bank Washington, DC	Purpose of Disbursement Bank & Credit Card fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7/99-12/99	Amount of Each Disbursement This Period $58.44
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$58.44
TOTAL This Period (last page this line number only)	$$9,449.39

FEBANI21

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 1/13/00
☐	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
☐	Electronic Filing	

EB
PREPARER

1/14/00
DATE PREPARED

(4/98)