

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 INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-
Q)

ADDRESS (number and street) 55 WATER STREET

Check if different than previously reported. (ACC) NEW YORK NY 10041

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00412247

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 08 24 2006 through 09 30 2006

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 Jay A. Schoenfeld

Signature of Treasurer Electronically Filed by Jay A. Schoenfeld Date 10 12 2006

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							
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

Report Covering the Period: From:

M	M
0	8

D	D
2	4

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	6									
0.00												
0.00												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td>19261.00</td></tr></table>	19261.00										
19261.00												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td>7615.00</td></tr></table>	7615.00	<table border="1" style="width: 100%;"><tr><td>31400.00</td></tr></table>	31400.00								
7615.00												
31400.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td>26876.00</td></tr></table>	26876.00	<table border="1" style="width: 100%;"><tr><td>31400.00</td></tr></table>	31400.00								
26876.00												
31400.00												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td>4524.00</td></tr></table>	4524.00								
0.00												
4524.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td>26876.00</td></tr></table>	26876.00	<table border="1" style="width: 100%;"><tr><td>26876.00</td></tr></table>	26876.00								
26876.00												
26876.00												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
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**

Write or Type Committee Name

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

Report Covering the Period: From: To:

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	2250.00	11710.00
(i) Itemized (use Schedule A)	5365.00	19690.00
(ii) Unitemized	7615.00	31400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7615.00	31400.00
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 37, page 5)	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 Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7615.00	31400.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7615.00	31400.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	4500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
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	24.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	4524.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	4524.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	7615.00	31400.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7615.00	31400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 / 8
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

A. Full Name (Last, First, Middle Initial)
Angela Bhojwani

Mailing Address 94-11 60th Ave.
Apt. 3E

City Elmhurst State NY Zip Code 11373

FEC ID number of contributing federal political committee. **C**

Name of Employer Centralized Laboratory Service Occupation Managing Director of Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: SA11A1.4539

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Russell Esposito

Mailing Address 236 N. Pine St.

City Massapequa State NY Zip Code 11758

FEC ID number of contributing federal political committee. **C**

Name of Employer HIP / Vytra Occupation Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2006

Transaction ID: SA11A1.4625

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Sidney Glasberg

Mailing Address 1751 Bard Ln.

City E. Meadow State NY Zip Code 11554

FEC ID number of contributing federal political committee. **C**

Name of Employer Centralized Lab Svcs. / HIP Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: SA11A1.4537

Amount of Each Receipt this Period
250.00

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 7 / 8
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

A. Full Name (Last, First, Middle Initial)
Inder M. Khasu

Mailing Address 271-04 79th Ave.

City State Zip Code
New Hyde Park NY 11040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HIP Health Plan of NY (CL-S) Managing Director of Operations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 30 / 2006

Transaction ID: SA11A1.4533

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Thomas Ko

Mailing Address 32 Revere Pl.

City State Zip Code
Freehold NJ 07728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HIP Health Plan of NY Data Processing

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2006

Transaction ID: SA11A1.4598

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Neil Meyerkopf

Mailing Address 39 Claremont Ave.
Apt. 31

City State Zip Code
New York NY 10027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Health Insurance Plan of NY Health Care Management

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2006

Transaction ID: SA11A1.4627

Amount of Each Receipt this Period
250.00

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 8 / 8
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

A. Full Name (Last, First, Middle Initial)
Rudolph Miele

Mailing Address 1360 Ocean Pkwy.
Apt. 7L

City State Zip Code
Brooklyn, NY 11230

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Insurance Plan of NY
Occupation Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 30 / 2006

Transaction ID: SA11A1.4531

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Alan Saran

Mailing Address 21-65 19th St.

City State Zip Code
Astoria NY 11105

FEC ID number of contributing federal political committee. **C**

Name of Employer Centralized Laboratory Service
Occupation Quality Assurance Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 30 / 2006

Transaction ID: SA11A1.4541

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Yvonne Smith

Mailing Address 501 Flail Drive

City State Zip Code
Stroudsburg PA 18360

FEC ID number of contributing federal political committee. **C**

Name of Employer Centralized Laboratory Svcs
Occupation Managing Director of Lab Info Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 30 / 2006

Transaction ID: SA11A1.4535

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	2250.00