REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Health Plan PAC
formerly GHAA/PAC

ADDRESS (number and street) ☐ Check if different than previously reported
1129 20th St, N.W. #500

CITY, STATE and ZIP CODE
Washington, DC 20036

FEC MAIL
FEDERAL ELECTION COMMISSION
MAY 16 9 03 PM '96

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

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day 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 1/1/96 through 3/31/96		
6. (a) Cash on Hand January 1, 19 96		$ $29,180.20
(b) Cash on Hand at Beginning of Reporting Period	$ 29,180.20	
(c) Total Receipts (from Line 19)	$ 15,590.00	$ 15,590.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 44,770.20	$ 44,770.20
7. Total Disbursements (from Line 30)	$ 8,000.81	$ 8,000.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 36,769.49	$ 36,769.49
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer
Robert Borchardt

Signature of Treasurer [signature]

Date 5/13/96

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

FEC FORM 3X
(revised 9/93)

FE5AN068

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

(revised 1/1/91)

NAME OF COMMITTEE: Health Plan PAC

REPORT COVERING PERIOD FROM 1/1/96 TO 3/31/96

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	14,590.00	14,590.00	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) ➤	14,590.00	14,590.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	1,000.00	1,000.00	11(c)
d. Total Contributions (add a iii, b and c) ➤			11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	15,590.00	15,590.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤			20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	.81	.81	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	.81	.81	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	8,000.00	8,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	8,000.81	8,000.81	30
31. Total Federal Disbursements (subtract line 21 a II from line 30) ➤			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	15,590.00	15,590.00	32
33. Total Contribution Refunds (from line 28d)	---	---	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	15,590.00	15,590.00	34
35. Total Federal Operating Expenditures (add 21 a I and 21 b) ➤	.81	.81	35
36. Offsets to Operating Expenditures (from line 15)	---	---	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	.81	.81	37

FE6A/0086

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 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. Thomas Dial 5984 North 9th Rd. Arlington, VA 22205 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP Occupation: Manager Aggregate Year-to-Date $	3/31/96	30.00
B. Susan Pisano 8820 Ridge Rd. Bethesda, MD 20817 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP Occupation: Director Aggregate Year-to-Date $	3/31/96	$150.00
C. Diana Dennett 2027 37th St, N.W. Washington, DC 20007 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP Occupation: Executive Vice President Aggregate Year-to-Date $	3/31/96	150.00
D. Charles Stellar 209 8th St., S.E. Washington, DC 20003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP Occupation: Executive VP Aggregate Year-to-Date $	3/31/96	75.00
E. Robert Borchardt 17434 Avenleigh Dr. Ashton, MD 20861 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP Occupation: VP Finance Aggregate Year-to-Date $	3/31/96	150.00
F. George Carneal 1104 Jonquil Circle Great Falls, VA 22066 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP Occupation: VP Legal Affairs Aggregate Year-to-Date $	3/31/96	40.00
G. Herb Schultz 2440 16th St., N.W. #422 Washington, DC 20009 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP Occupation: Direct State Advocacy Aggregate Year-to-Date $	3/31/96	150.00

SUBTOTAL of Receipts This Page (optional)	$745.00
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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kathryn Wilber 127 Lastner Lane Greenbelt, MD 20770 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Asst. General Counsel Aggregate Year-to-Date > $	3/31/96	25.00
B. John Cattelan 1020 N. Stafford St. Arlington, VA 22201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Grassroots Coordinator Aggregate Year-to-Date > $	3/31/96	25.00
C. Julie Goon 1200 N. Veitch St. #1135 Arlington, VA 22201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: VP Public Affairs Aggregate Year-to-Date > $	3/31/96	160.00
D. Stan Nelson 1589 S. Barton St. Arlington, VA 22204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Grassroots Coordinator Aggregate Year-to-Date > $	3/31/96	60.00
E. Don Schimanski 20 Robinson Dr. Rehoboth, DE 19971 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Grassroots Manager Aggregate Year-to-Date > $	3/31/96	150.00
F. Nicole Valentine 13252 Meander Cove Dr. Germantown, MD 20874 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Washington Rep. Aggregate Year-to-Date > $	3/31/96	25.00
G. Phillip Blando 7105 46th St. Chevy CHase, MD 20815 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Legislative Specialist Aggregate Year-to-Date > $	3/31/96	20.00

SUBTOTAL of Receipts This Page (optional) $465.00

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

FEC/A-066

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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. Barbara Lardy 2811 Albermarle St., N.W. Washington, DC 20008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AAHP Occupation: Program Manager Aggregate Year-to-Date > $	3/31/96	80.00
B. Wayne Bradley 6500 John C. Lodge Detroit, MI 48202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Wellness Plan Occupation: Asst. VP Aggregate Year-to-Date > $	1/4/96	100.00
C. Stanley Kirk 1908 Thornhill Place Detroit, MI 48207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Wellness Plan Occupation: Aggregate Year-to-Date > $	1/4/96	100.00
D. A. Michael Preuss 1897 Willowood Rd. Rochester Hills, MI 48207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Wellness Plan Occupation: Asst VP Aggregate Year-to-Date > $	1/4/96	100.00
E. Dolores Baker 2462 Lafayette Circle Southfield, MI 48075 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Wellness Plan Occupation: Assoc. Med. Dir. Aggregate Year-to-Date > $	1/4/96	100.00
F. Robert Low 32988 Hargrove Court Farmington Hills, MI 48334 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Wellness Plan Occupation: Senior VP Aggregate Year-to-Date > $	1/4/96	100.00
G. Paul Crandall 7900 Foster Rd. Clarkston, MI 48346 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Wellness Plan Occupation: Asst. VP Aggregate Year-to-Date > $	1/4/96	100.00

SUBTOTAL of Receipts This Page (optional) > $680.00

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Ronald Stone 8545 Lincoln Huntington Woods, MI 48070 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wellness Plan Occupation Aggregate Year-to-Date $	1/4/96	100.00
B. Ann Thomas 17334 Santa Rosa Detroit, MI 48221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wellness Plan Occupation Aggregate Year-to-Date $	1/4/96	100.00
C. Karen Ardrey 25235 Greenbrooke Dr. Southfield, MI 48034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wellness Plan Occupation Director Health Care Aggregate Year-to-Date $	1/4/96	100.00
D. Isadore King 1672 Briar Rdige Dr. Ann Arbor, MI 48108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wellness Plan Occupation Sr. Vice President Aggregate Year-to-Date $	1/4/96	100.00
E. Samuel McCargo 19620 Canterbury Detroit, MI 48221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wellness Plan Occupation Assoc. Gen. Counsel Aggregate Year-to-Date $	1/4/96	100.00
F. Lawrence T. Mathews 35376 Glengary Circle Farmington Hills, MI 48331 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wellness Plan Occupation Aggregate Year-to-Date $	1/4/96	100.00
G. James August 4771 Crestview Ct. Bloomfield Hills, MI 48301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wellness Plan Occupation Aggregate Year-to-Date $	1/4/96	100.00

SUBTOTAL of Receipts This Page (optional) $700.00

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

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SCHEDULE A

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Health Plan PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
T. Hershel Gardin 75441 Karen Oak Park, MI 48237 Receipt For: Primary General Other (specify):	Wellness Plan Occupation: Director Aggregate Year-to-Date $	1/4/96	100.00
New York Life Policitcal Action Committee New York, NY 10010 Receipt For: Primary General Other (specify):	New York Life Occupation: Aggregate Year-to-Date $	1/29/96	1,000.00
Shelia Gavin 715 S. Washington St. #C15 Alexandria, VA 22314 Receipt For: Primary General Other (specify):	AAHP Occupation: Consultant Aggregate Year-to-Date $	2/20/96	100.00
Ed Peddie 8930 NW 39th Ave Gainesville, FL 32606 Receipt For: Primary General Other (specify):	Av-Med Health Plan Occupation: President Aggregate Year-to-Date $	3/5/96	100.00
Joe Criscione P.O. Box 7967 Berkeley, CA 94707 Receipt For: Primary General Other (specify):	Health Net Occupation: Sr. Vice President Aggregate Year-to-Date $	3/5/96	600.00
Marjorie Ross 2300 18th St., N.W. #206 WAshington, DC 20009 Receipt For: Primary General Other (specify):	Principal Health Occupation: Sr. Policy Analyst Aggregate Year-to-Date $	3/5/96	50.00
Nick Franklin 2421 E 16th St. Newport Beach, CA 92663 Receipt For: Primary General Other (specify):	FHP, Inc. Occupation: Aggregate Year-to-Date $	3/5/96	100.00

SUBTOTAL of Receipts This Page (optional) $2,050.00

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Marie Dotseth 5475 Maple Heights Rd. Greenwood, MN 55331 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Allena Occupation: Pulbic Policy Analyst Aggregate Year-to-Date $	3/5/96	50.00
B. Patricia Douglass 2068 Dublin Dr. Glendale, CA 91206 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PacifiCare Health Occupation: Director, Govt REl. Aggregate Year-to-Date $	3/5/96	50.00
C. Eugene Farnum P.O. Box 1441 East Lansing, MI 48826 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Assn. of HMO's in Michigan Occupation: Exec. Director Aggregate Year-to-Date $	3/5/96	50.00
D. Marie Soldo 1905 Davina St. Henderson, NV 89014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sierra Health Services Occupation: Vice President Aggregate Year-to-Date $	3/5/96	100.00
E. Thomas Mahowald 1441 Lametti Lane Arden Hills, MN 55112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	United Health Care Occupation: Vice President Aggregate Year-to-Date $	3/5/96	100.00
F. Timothy Meyer 836A Schoolhouse Rd. Matunuck, RI 02879 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oxford Health Plans Occupation: Director Aggregate Year-to-Date $	3/5/96	100.00
G. Todd Johnson 1633 Laurel Ave. St. Paul, MN 55104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Allena Occupation: Director, Govt Relations Aggregate Year-to-Date $	3/5/96	50.00

SUBTOTAL of Receipts This Page (optional)	$500.00
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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Bret Perkins 403 Bismark Way King of Prussia, PA 19406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mercy Healt Plan Legislative Afffairs Assoc. Aggregate Year-to-Date $	3/5/96	200.00
B. James Walworth 24424 East River Rd. Grosse Ile, MI 48138 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Alliance Plan President Aggregate Year-to-Date $	3/5/96	1,000.00
C. Ronald Dobbins 8200 E. Jefferson Ave. Detroit, MI 48214 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	United American Health Care Corp. President Aggregate Year-to-Date $	3/5/96	1,000.00
D. Robert Schneidler 9435 Tracyton Blvd., NW Bremerton, WA 98311 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kitsap Physicians President Aggregate Year-to-Date $	3/5/96	100.00
E. Patti Blumer 421 7th St., SE Washington, DC 20003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Principal Fin. Group Sr. Federal Legis.Rep. Aggregate Year-to-Date $	3/5/96	100.00
F. Debora Talpos 2265 Oak River Ct. Troy, MI 48098 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SelectCare HMO Director Aggregate Year-to-Date $	3/5/96	100.00
G. Patricia Riley 410 Peavey Lane Wayzata, MN 55391 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Allena VP Govt. Programs Aggregate Year-to-Date $	3/5/96	100.00

SUBTOTAL of Receipts This Page (optional)	2,600.00
TOTAL This Period (last page this line number only)	

FE5AN088

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SCHEDULE A **ITEMIZED RECEIPTS**

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Health Plan PAC

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A. Constance Battle 10200 Sorrel Ave. Potomac, MD 20854 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: George Washington Health Plan Occupation: Aggregate Year-to-Date > $	3/18/96	50.00
B. Robert Patricelli 77 Hartford Rd. Simsbury, CT 06070 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Value Health Occupation: Chairman Aggregate Year-to-Date > $	3/18/96	1,000.00
C. R.C. Hudson 3656 SW 57th Ave. Miami, FL 33155 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AvMed Santa Fe Health Occupation: Group VP Aggregate Year-to-Date > $	3/26/96	400.00
D. Philip Hughey 22 NW 101st Court Gainesville, FL 32607 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AvMed Santa Fe Health Occupation: Vice President Aggregate Year-to-Date > $	3/26/96	400.00
E. C. Ann Taylor 700 Biltmore Way Coral Gables, FL 33134 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AvMed Santa Fe Health Occupation: Sr. Vice President Aggregate Year-to-Date > $	3/26/96	400.00
F. Gerald T. O'Neil 13627 SW 2nd Lane Newberry, FL 32669 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AvMed Santa Fe Health Occupation: Group VP Aggregate Year-to-Date > $	3/26/96	400.00
G. Edwin Hannum 1861 La Grande Dr. Dunedin, FL 34698 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AvMed Santa Fe Health Occupation: Group VP Aggregate Year-to-Date > $	3/26/96	400.00

SUBTOTAL of Receipts This Page (optional) 3,050.00

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Catherine Ayers 6222 NW 19th Place Gainesville, FL 32605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AvMed Santa Fe Health Occupation: Vice President Aggregate Year-to-Date: $	3/26/96	200.00
B. Wassie Griffin 9722 SW 1st Place Gainesville, FL 32607 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AvMed Santa Fe Health Occupation: VP Aggregate Year-to-Date: $	3/26/96	100.00
C. Less Rankin 10302 SW 41st Place Gainesville, FL 32608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AVMed Santa Fe Health Occupation: Assistant VP Aggregate Year-to-Date: $	3/26/96	100.00
D. Don Hairston 4762 SW 88th Dr. Gainesville, FL 32608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AvMed Santa Fe Health Occupation: Group VP Aggregate Year-to-Date: $	3/26/96	100.00
E. Samuel Havens 56 North Livingston Ave. Roseland, NJ 07068 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Prudential Ins. Co. Occupation: Sr. VP Aggregate Year-to-Date: $	3/27/96	100.00
F. Debra Oberman P.O. Box 64560 St. Paul, MN 55164 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: BC/BS of Minnestoa Occupation: Public Policy Administrator Aggregate Year-to-Date: $	3/27/96	50.00
G. Scottie Butler P.O. Box 749 Gainesville, FL 32602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AVMed Santa Fe Health Occupation: Vice President Aggregate Year-to-Date: $	3/27/96	50.00

SUBTOTAL of Receipts This Page (optional)	$700.00
TOTAL This Period (last page this line number only)	

FE5AN066

96030-03405

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. Lucy Cunningham 5995 Plaza Drive Cypress, CA 90630 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PacifiCare Health Occupation: VP Govt Relations Aggregate Year-to-Date $	3/27/96	50.00
B. Michele Lepore 1 3rd Place SE Detroit, MI 48202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Alliance Plan of Michigan Occupation: VP Admin. Aggregate Year-to-Date $	3/27/96	50.00
C. Mary McWilliams 600 University St. Seattle, WA 98112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PacifiCare of WA Occupation: President Aggregate Year-to-Date $	3/27/96	50.00
D. Joseph Piacentini 1000 Middle St. Middletown, CT 06457 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Aetna Health Plans Occupation: Director Health Issues Aggregate Year-to-Date $	3/27/96	50.00
E. Joe Guinn 8200 IS 10 W San Antonio, TX 78230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PacifiCare of Texas Occupation: VP Govt. Affairs Aggregate Year-to-Date $	3/27/96	50.00
F. Patricia Douglas 5995 Plaza Drive Cypress, CA 90630 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PacifiCare Health Occupation: Director Aggregate Year-to-Date $	3/27/96	50.00
G. Lisa Pitney 9900 Talbert Ave. Fountain Valley, CA 92708 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: FHP Occupation: Director Govt Affairs Aggregate Year-to-Date $	3/27/96	50.00

SUBTOTAL of Receipts This Page (optional) $350.00

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

FEC Form 3 (1/95)

9 X 0 3 0 1 0 3 4 0 6

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 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. Michael Herbert 120 Hawley Ave. Trumbull, CT 06611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Physician Health Occupation: President Aggregate Year-to-Date > $	3/27/96	1,000.00
B. William Macbain 100 N. Academy Ave. Dansville, PA 17822 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Geisinger Health Plan Occupation: Sr. Vice President Aggregate Year-to-Date > $	3/27/96	1,000.00
C. Barry Martins 801 Pine St. Chattanooga, TN 37402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tennessee Health Care Occupation: Aggregate Year-to-Date > $	3/27/96	300.00
D. John Mills 1150 17th St., N.W. #600 Washington, DC 20036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HIP of Greater NY Occupation: Legis. Rep. Aggregate Year-to-Date > $	3/27/96	100.00
E. Jeffrey Beck 980 Jolly Rd. M51B Blue Bell, PA 19422 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: U.S. HealthCare Occupation: Dir., Govt. Relations Aggregate Year-to-Date > $	3/27/96	100.00
F. Roger Taylor 5995 Plaza Drive Cypress, CA 90630 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PacifiCare Occupation: Exec. Vie President Aggregate Year-to-Date > $	3/27/96	100.00
G. Robert Jones 1960 Buford Blvd. Tallahassee, FL 32308 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HIP Health Plan of Florida Occupation: VP Aggregate Year-to-Date > $	3/27/96	100.00

SUBTOTAL of Receipts This Page (optional)	$2,700.00
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 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. Jan Malcolm 5601 Smetina Drive Minnepolis, MN 55440 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Allena VP Comm. Affairs Aggregate Year-to-Date $	3/27/96	100.00
B. C. Michael Hammes 1515 5th Ave. Moline, IL 61265 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heritage National Health Plan President Aggregate Year-to-Date $	3/27/96	100.00
C. Lee Newcomer 5901 Lincoln Drive Edena, MN 55435 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	United Health Care Chief Med. Officer Aggregate Year-to-Date $	3/27/96	500.00
D. Steven Zatkin 1 Kaiser Plaza Ordway Bldg. Oakland, CA 94612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kaiser Foundation Health Plan Sr. Vice President Aggregate Year-to-Date $	3/27/96	250.00
E. Lois Wattman 5527 Dominick Dr. Minnetonka, MN 55343 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Allena Vice President Aggregate Year-to-Date $	3/5/96	100.00
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) $1,050.00

TOTAL This Period (last page this line number only) $15,590.00

FE6A(Rev)

9630374C8

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
Health Plan PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. NRSC Senate Council 425 Second St., N.E. Washington, DC 20002	Membership Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/19/96	$2,500.00
B. DSCC Business Roundtable 430 S. Capitol St., S.E. Washington, DC 20002	Membership Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/19/96	2,500.00
C. Barbara Kennelly for Congress Committee, P.O. Box 2884 Washington, DC 20013	Fundraising Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/11/96	500.00
D. Burr for Congress P.O. Box 5723 Winston-Salem, NC 27113	Fundraising Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/11/96	500.00
E. Congressman Bart Gordon Comm. P.O. Box 2008 Murfreesboro, TN 37133	Fundraising Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/18/96	500.00
F. Luther for Congress Voluntee Comm. 1399 Geneva Avenue North #103 Oakdale, MN 55128	Fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/22/96	500.00
G. New Republican Majority Fund 3001 Park Center Drive #1105 Alexandria, VA 22302	Senator Trent Lott's Dinner 3/20/96 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/22/96	1,000.00
H. Riggs National Bank Washington, DC	Checking fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/30/96	.81
I.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) 8,000.81

FE3AN065

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SCHEDULE C
(Revised 3/80)

N/A
LOANS

Page ____ of ____ for
LINE NUMBER ____
(Use separate schedules for each numbered line)

Name of Committee (in Full)
Health Plan PAC

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify):			

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify):			

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		

SUBTOTALS This Period This Page (optional) .....

TOTALS This Period (last page in this line only) .....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FE8AN066

9 5 0 3 0 0 3 4 1 0

SCHEDULE D N/A
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page ____ of ____ for
LINE NUMBER ____
(Use separate schedules for each numbered line)

Name of Committee (in Full) Health Plan PAC	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) **SUBTOTALS** This Period This Page (optional)	
2) **TOTALS** This Period (last page in this line only)	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

FE5AN088

9 6 0 3 0 5 0 3 4 1 1

SCHEDULE B N/A

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Page ___ of ___ Pages

Name of Committee (in Full)

Health Plan PAC

Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose

(a) SUBTOTAL of Itemized Independent Expenditures ..... $ _____

(b) SUBTOTAL of Unitemized Independent Expenditures ..... $ _____

(c) TOTAL Independent Expenditures ..... $ _____

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. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 19 _____

My Commission expires:

_____ _____

NOTARY PUBLIC

_____ _____

Signature Date

FE8AN066

9 5 0 3 0 5 0 3 4 1 2

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 5-14-96
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER

5-16-96
DATE PREPARED

FEC FORM 70-2 (12/92)

9603034113