REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT -4 P 12:27

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) ☐ Check if different than previously reported
1129 20th Street, NW #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 7/1/00 through 9/30/00		
6. (a) Cash on Hand January 1, 2000		$ $ 2,247.39
(b) Cash on Hand at Beginning of Reporting Period	$ $ 9,433.77	
(c) Total Receipts (from Line 19)	$ 1,165.00	$ 43,220.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 10,598.77	$ 45,467.39
7. Total Disbursements (from Line 30)	$ 5,739.53	$ 40,608.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ $4,859.24	$ $ 4,859.24
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

Date
10-2-2000

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)

FEDAN103

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 7/1/00 TO: 9/30/00

	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)	$1,105.00	$33,915.00	11(a)(i)
ii. Unitemized	60.00	4,305.00	11(a)(ii)
iii. Total (add i and ii) ➤	$1,165.00	$38,220.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	-	$ 5,000.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	$1,165.00	$43,220.00	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) ➤	$1,165.00	$43,220.00	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			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	$5,500.00	$40,000	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	$ 239.53	$ 608.15	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$5,739.53	$40,608.15	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)	$1,165.00	$43,220.00	32
33. Total Contribution Refunds (from line 28d)	--	--	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$1,165.00	$43,220.00	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

FE9AN103

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Susan Pisano 8820 Ridge Rd. Bethesda, MD 20817 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Name of Employer: AAHP Occupation: VP of Comm... Aggregate Year-to-Date > $ $1,180.00	9/27/00	$360.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kathryn Wilber 127 Lastner Lane Greenbelt, MD 20770 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Name of Employer: AAHP Occupation: Executive Director Aggregate Year-to-Date > $ $440.00	9/27/00	$30.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Frank Jantzen 17982 NW 9th Ct. Pembroke Pines, FL 33029 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Name of Employer: AvMed Occupation: Assistant VP Aggregate Year-to-Date > $ $385.00	7/6/00	$385.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Julie Goon 1200 N. Veitch St. #1135 Arlington, VA 22201 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Name of Employer: AAHP Occupation: VP of Public Affairs Aggregate Year-to-Date > $ $540.00	9/27/00	$180.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard Smith 9245 Seawind Court Columbia, MD 21045 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Name of Employer: AAHP Occupation: VP of Health Policy Aggregate Year-to-Date > $ $550.00	9/27/00	$150.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) $1,105.00

TOTAL This Period (last page this line number only) $1,105.00

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. The Freedom Project (PAC) 111 C Street, SE Washington, DC 20003	Fundraiser Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	7/13/00 9/18/00	$1,000 $1,500
B. NRCC TRust (PAC) 320 First St., SE Washington, DC 20003	Fundraiser Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	9/18/00	$1,000.00
C. Dooley for Congress Committee 300 N. Lee St. #500 Alexandria, VA 22314	House, CA 20th Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	9/16/00	$1,000.00
D. Porter Goss Reelection Team P.O. Box 517 Ft. Myers, FL 33902	House, Fla. 14th Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	9/18/00	$1,000
E. Riggs National Bank 1913 Mass. Ave., NW Washington, DC 20036	Bank fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/1/00- 9/30/00	$239.53
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) $5,739.53

TOTAL This Period (last page this line number only) $5,739.53

FE9ANL03

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 10/2/00
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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	

CR — PREPARER

10/4/00 — DATE PREPARED

(6/2000)