

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-

ADDRESS (number and street) 55 WATER STREET Check if different than previously reported. (ACC) NEW YORK NY 10041

2. FEC IDENTIFICATION NUMBER C00412247 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 04 01 2006 through 06 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 07 13 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.

**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 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| 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>0.00</td></tr></table> | 0.00 | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| (c) Total Receipts (from Line 19) | <table border="1" style="width: 100%;"><tr><td>6345.00</td></tr></table> | 6345.00 | <table border="1" style="width: 100%;"><tr><td>6345.00</td></tr></table> | 6345.00 | | | | | | | | |
| 6345.00 | | | | | | | | | | | | |
| 6345.00 | | | | | | | | | | | | |
| (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>6345.00</td></tr></table> | 6345.00 | <table border="1" style="width: 100%;"><tr><td>6345.00</td></tr></table> | 6345.00 | | | | | | | | |
| 6345.00 | | | | | | | | | | | | |
| 6345.00 | | | | | | | | | | | | |
| 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>0.00</td></tr></table> | 0.00 | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <table border="1" style="width: 100%;"><tr><td>6345.00</td></tr></table> | 6345.00 | <table border="1" style="width: 100%;"><tr><td>6345.00</td></tr></table> | 6345.00 | | | | | | | | |
| 6345.00 | | | | | | | | | | | | |
| 6345.00 | | | | | | | | | | | | |
| 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:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| 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 | 3510.00 | 3510.00 |
| (i) Itemized (use Schedule A) | 2835.00 | 2835.00 |
| (ii) Unitemized | 6345.00 | 6345.00 |
| (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) | 6345.00 | 6345.00 |
| 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)) | 6345.00 | 6345.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 6345.00 | 6345.00 |

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 | 0.00 |
| 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 | 0.00 |
| 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 | 0.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 0.00 | 0.00 |

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) | 6345.00 | 6345.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 6345.00 | 6345.00 |
| 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 / 10 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <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) Kerry Edwards Mailing Address 545 Walnut St City Lindenhurst State NY Zip Code 11757 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2006 Transaction ID: SA11A1.4101 Amount of Each Receipt this Period 250.00 |
| Name of Employer HIP Health Plan Occupation Managing Director of Customer Service Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|------------------------------------|--|
| B. Full Name (Last, First, Middle Initial) Craig Effrain Mailing Address 21 Brandywine Dr. City Matawan State NJ Zip Code 07747 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2006 Transaction ID: SA11A1.4128 Amount of Each Receipt this Period 250.00 |
| Name of Employer HIP Health Plan of NY Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|--|
| C. Full Name (Last, First, Middle Initial) Susan Flaster Mailing Address 703 Canterbury Way City Princeton State NJ Zip Code 08540 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006 Transaction ID: SA11A1.4168 Amount of Each Receipt this Period 250.00 |
| Name of Employer HIP Health Plan of NY Occupation Registered Nurse Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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 / 10 |
| | <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)

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Arlene K Gartenberg | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 |
| Mailing Address 125 Cherry Lane | | Transaction ID: SA11A1.4132 |
| City Teaneck | State NJ | Zip Code 07666 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Health Insurance Plan of NY | Occupation Strategic Planning | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Nicholas Kambolis | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 |
| Mailing Address 61 Luddington Rd | | Transaction ID: SA11A1.4134 |
| City West Orange | State NJ | Zip Code 07052 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer HIP Health Plan of NY | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Anne Koenig | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 |
| Mailing Address 4 Druid Ct. | | Transaction ID: SA11A1.4130 |
| City Suffern | State NY | Zip Code 10901 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer HIP | Occupation Nurse | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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 / 10 |
| | <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)

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Lawrence Liptak | | Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2006 | |
| Mailing Address 3 Patricia Ct. | | Transaction ID: SA11A1.4109 | |
| City State Zip Code Lumberton NJ 08048 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Health Insurance Plan of NY | | Occupation Managing Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. James McLaughlin | | Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006 | |
| Mailing Address 164 Whittle Ave. | | Transaction ID: SA11A1.4164 | |
| City State Zip Code Bloomfield NJ 07003 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer HIP Health Plan | | Occupation Managing Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Charles Mellia | | Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2006 | |
| Mailing Address 27 Balson Rd. | | Transaction ID: SA11A1.4103 | |
| City State Zip Code Stroudsburg PA 18360 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer HIP Health Plan of NY | | Occupation Managing Director Customer Service | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 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 9 / 10 |
| | <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)
Janet Pinto

Mailing Address 1620 McKinley Ave.

City North Brunswick State NJ Zip Code 08902

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

Name of Employer HIP Health Plan of NY Occupation Managing Director Enrollment

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2006

Transaction ID: SA11A1.4126

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
William Sacrey

Mailing Address 230 Riverside Drive Apt 3C

City New York State NY Zip Code 10025

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

Name of Employer HIP Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2006

Transaction ID: SA11A1.4105

Amount of Each Receipt this Period
260.00

C. Full Name (Last, First, Middle Initial)
Raymond Vacca

Mailing Address 227 Ocean Parkway Apt. 2E

City Brooklyn State NY Zip Code 11218

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

Name of Employer HIP Health Plan of NY Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2006

Transaction ID: SA11A1.4142

Amount of Each Receipt this Period
250.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 760.00 |
| 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: | PAGE 10 / 10 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <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)
Michael Victor

Mailing Address 57 Hillman Ave.

City State Zip Code
Glen Rock NJ 07452

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

Name of Employer Health Insurance Plan of NY Occupation Product Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.4160

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Joan M Waldron

Mailing Address 155 Parkway Ave.

City State Zip Code
Garden City NY 11530

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

Name of Employer HIP Health Plan of NY Occupation Managing Director - Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 8 | | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.4118

Amount of Each Receipt this Period
250.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 3510.00 |