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-C)

ADDRESS (number and street) 55 WATER STREET

☐ Check if different than previously reported. (ACC)

NEW YORK | NY | 10041 –

2. **FEC IDENTIFICATION NUMBER** C00412247

CITY STATE ZIPCODE

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:

☐ Feb 20 (M2)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4)	☐ Jul 20 (M7)	☐ Oct 20 (M10)	☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12G)

Election on ____ in the State of ____

(d) 30-Day **Post** -Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ____ in the State of ____

5. Covering Period 01 01 2007 through 06 30 2007

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 20 2007

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							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name
HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PAC)

Report Covering the Period: From: M M 01 D D 01 Y Y Y Y 2007 To: M M 06 D D 30 Y Y Y Y 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2007		28126.00
(b) Cash on Hand at Begining of Reporting Period	28126.00	
(c) Total Receipts (from Line 19)	28505.00	28505.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	56631.00	56631.00
7. Total Disbursements (from Line 31)	4000.00	4000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52631.00	52631.00
9. Debts and Obligations owed **TO** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed **BY** the committee (Itemize all on Schedule C and/or Schedule D)	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 PAC)

Report Covering the Period: From: M M 01 D D 01 Y Y Y Y 2007 To: M M 06 D D 30 Y Y Y Y 2007

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		
(i) Itemized (use Schedule A)	18600.00	18600.00
(ii) Unitemized	9905.00	9905.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	28505.00	28505.00
(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) ..... ▶	28505.00	28505.00
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))	28505.00	28505.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28505.00	28505.00

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	4000.00	4000.00
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))	4000.00	4000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	4000.00	4000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	28505.00	28505.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28505.00	28505.00
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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 PAC)

A.
Full Name (Last, First, Middle Initial): Edward Anselm
Mailing Address: 201 E. 17th St. Apt. 27B
City: New York State: NY Zip Code: 10003
FEC ID number of contributing federal political committee: C
Name of Employer: Health Insurance Plan of NY
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 18 / 2007
Transaction ID: SA11A1.4901
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Cynthia Aureli
Mailing Address: 97 Carol Place
City: Wayne State: NJ Zip Code: 07470
FEC ID number of contributing federal political committee: C
Name of Employer: Health Insurance Plan of NY
Occupation: VP Claims
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 21 / 2007
Transaction ID: SA11A1.4782
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Janet Bartnick
Mailing Address: 49 Dougs Lane
City: S. Jamesport State: NY Zip Code: 11970
FEC ID number of contributing federal political committee: C
Name of Employer: HIP
Occupation: Managing Director, Human Resources
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 / 11 / 2007
Transaction ID: SA11A1.4769
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1250.00**

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

Image# 27930990453

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial): Leonard Bilello
Mailing Address: 69-03 62 Road
City: Middle Village | State: NY | Zip Code: 11379
FEC ID number of contributing federal political committee: C
Name of Employer: HIP / CLS
Occupation: Managing Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 / 25 / 2007
Transaction ID: SA11A1.4929
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Fred Blickman
Mailing Address: 58 Stratford Rd.
City: Scarsdale | State: NY | Zip Code: 10583
FEC ID number of contributing federal political committee: C
Name of Employer: HIP Health Plan of NY
Occupation: Human Resources
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 05 / 08 / 2007
Transaction ID: SA11A1.4753
Amount of Each Receipt this Period: 750.00

C.
Full Name (Last, First, Middle Initial): Sunny Chiu
Mailing Address: 7 Janes Lane
City: Lloyd Harbor | State: NY | Zip Code: 11743
FEC ID number of contributing federal political committee: C
Name of Employer: Health Insurance Plan of NY
Occupation: Healthcare Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 25 / 2007
Transaction ID: SA11A1.4936
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Michael L Cohen
Mailing Address: 105-25 67th Rd
City: Forest Hills State: NY Zip Code: 11375
FEC ID number of contributing federal political committee: C
Name of Employer: Health Plan of NY
Occupation: Sales
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 / 11 / 2007
Transaction ID: SA11A1.4757
Amount of Each Receipt this Period: 300.00

B.
Full Name (Last, First, Middle Initial): Angela Delgado
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: HIP - CLS
Occupation: Managing Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 / 25 / 2007
Transaction ID: SA11A1.4923
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Kerry DeWitt
Mailing Address: 17 Palmer Ave.
City: Delmar State: NY Zip Code: 12054
FEC ID number of contributing federal political committee: C
Name of Employer: HIP Health Plan of NY
Occupation: VP Government Affairs
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 18 / 2007
Transaction ID: SA11A1.4899
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1050.00**

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

A.
Full Name (Last, First, Middle Initial): Dan Dragalin
Mailing Address: 14 Prospect St.
City: Mendham State: NJ Zip Code: 07945
FEC ID number of contributing federal political committee: C
Name of Employer: Health Insurance Plan of NY
Occupation: Executive Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 05 / 23 / 2007
Transaction ID: SA11A1.4804
Amount of Each Receipt this Period: 1000.00

B.
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
Name of Employer: HIP Health Plan
Occupation: Managing Director of Customer Service
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 / 23 / 2007
Transaction ID: SA11A1.4802
Amount of Each Receipt this Period: 250.00

C.
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: 06 / 12 / 2007
Transaction ID: SA11A1.4870
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1500.00**

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

Image# 27930990456

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

A.
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
Name of Employer: HIP Health Plan of NY
Occupation: Registered Nurse
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 / 08 / 2007
Transaction ID: SA11A1.4752
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Michael Fullwood
Mailing Address: 124 E. 79th St. #8D
City: New York State: NY Zip Code: 10021
FEC ID number of contributing federal political committee: C
Name of Employer: HIP Health Plan of NY
Occupation: Executive
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 05 / 08 / 2007
Transaction ID: SA11A1.4755
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): William Gauthier
Mailing Address: 50 Fresh Meadow Dr.
City: Trumbull State: CT Zip Code: 06611
FEC ID number of contributing federal political committee: C
Name of Employer: HIP Health Plan of NY
Occupation: Managing Director, Compensation
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 / 21 / 2007
Transaction ID: SA11A1.4792
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1500.00**

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

A.
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: 06 / 25 / 2007
Transaction ID: SA11A1.4932
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Kathy Graf
Mailing Address: 48 Orchard Dr.
City: Northport State: NY Zip Code: 11768
FEC ID number of contributing federal political committee: C
Name of Employer: HIP
Occupation: Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 / 23 / 2007
Transaction ID: SA11A1.4803
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Beatriz Jaramillo
Mailing Address: 300 Winston Dr. #1612
City: Cliffside Park State: NJ Zip Code: 07010
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: 250.00
Date of Receipt: 06 / 12 / 2007
Transaction ID: SA11A1.4872
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) ..... ▶

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

A.
Full Name (Last, First, Middle Initial): Nicholas Kambolis
Mailing Address: 61 Luddington Rd
City: West Orange State: NJ Zip Code: 07052
FEC ID number of contributing federal political committee: C
Name of Employer: HIP Health Plan of NY
Occupation: Attorney
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 14 / 2007
Transaction ID: SA11A1.4775
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): John Kennedy
Mailing Address: 16 Davidson Ct
City: Mahwah State: NJ Zip Code: 07430
FEC ID number of contributing federal political committee: C
Name of Employer: HIP Health Plan of NY
Occupation: Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 04 / 2007
Transaction ID: SA11A1.4748
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Inder M. Khasu
Mailing Address: 271-04 79th Ave.
City: New Hyde Park State: NY Zip Code: 11040
FEC ID number of contributing federal political committee: C
Name of Employer: HIP Health Plan of NY (CLS)
Occupation: Managing Director of Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 / 25 / 2007
Transaction ID: SA11A1.4927
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

A.
Full Name (Last, First, Middle Initial): Pansy McRae
Mailing Address: 965 E. 45th St.
City: Brooklyn State: NY Zip Code: 11203
FEC ID number of contributing federal political committee: C
Name of Employer: Health Insurance Plan of NY
Occupation: Managing Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 / 27 / 2007
Transaction ID: SA11A1.4942
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Charles Mellia
Mailing Address: 7 Maple Rd.
City: Poughkeepsie State: NY Zip Code: 12601
FEC ID number of contributing federal political committee: C
Name of Employer: HIP Health Plan of NY
Occupation: Managing Director Customer Service
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 / 04 / 2007
Transaction ID: SA11A1.4745
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Rudolph Miele
Mailing Address: 1360 Ocean Pkwy. Apt. 7L
City: Brooklyn, State: NY Zip Code: 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: 06 / 25 / 2007
Transaction ID: SA11A1.4928
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) ..... ▶

Image# 27930990460

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Larry Minard
Mailing Address: 1113 Ashbourne Rd.
City: Cheltenham State: PA Zip Code: 19012
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: 05 / 31 / 2007
Transaction ID: SA11A1.4829
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Francis B. Olsen
Mailing Address: 21 Oakfield Rd.
City: St. James State: NY Zip Code: 11780
FEC ID number of contributing federal political committee: C
Name of Employer: HIP Health Plan of NY
Occupation: SVP Product Management
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 05 / 21 / 2007
Transaction ID: SA11A1.4788
Amount of Each Receipt this Period: 750.00

C.
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: 05 / 04 / 2007
Transaction ID: SA11A1.4747
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1250.00**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
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: 300.00
Date of Receipt: 05 / 04 / 2007
Transaction ID: SA11A1.4744
Amount of Each Receipt this Period: 300.00

B.
Full Name (Last, First, Middle Initial): Mahnaz Sairi
Mailing Address: 159-03 46th Ave.
City: Flushing | State: NY | Zip Code: 11358
FEC ID number of contributing federal political committee: C
Name of Employer: Centralized Laboratory
Occupation: Lab Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 / 25 / 2007
Transaction ID: SA11A1.4931
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Denise Santucci
Mailing Address: 17 3rd St.
City: Woodbury | State: NY | Zip Code: 11797
FEC ID number of contributing federal political committee: C
Name of Employer: HIP Health Plan of NY
Occupation: Medical Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 / 21 / 2007
Transaction ID: SA11A1.4793
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Alan Saran
Mailing Address: 21-65 19th St.
City: Astoria State: NY Zip Code: 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: 06 / 25 / 2007
Transaction ID: SA11A1.4930
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Terrylynn Smith
Mailing Address: 315 E. 68th St. #15C
City: New York State: NY Zip Code: 10021
FEC ID number of contributing federal political committee: C
Name of Employer: Health Insurance Plan of NY
Occupation: VP Human Resources
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 21 / 2007
Transaction ID: SA11A1.4784
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Yvonne Smith
Mailing Address: 24 Greentree Drive
City: Andover State: NJ Zip Code: 07821
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: 06 / 25 / 2007
Transaction ID: SA11A1.4926
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1000.00**

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

Image# 27930990463

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Eleanor M. Sorrentino
Mailing Address: 113 Bennett Place
City: Amityville State: NY Zip Code: 11701
FEC ID number of contributing federal political committee: C
Name of Employer: Health Insurance Plan of NY
Occupation: Administration
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 / 26 / 2007
Transaction ID: SA11A1.4941
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Bruce Sosler
Mailing Address: 27 Gateway Dr.
City: Staten Island State: NY Zip Code: 10304
FEC ID number of contributing federal political committee: C
Name of Employer: Health Insurance Plan of NY
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 / 18 / 2007
Transaction ID: SA11A1.4897
Amount of Each Receipt this Period: 250.00

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: 06 / 18 / 2007
Transaction ID: SA11A1.4896
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PAC)

A.
Full Name (Last, First, Middle Initial): Carmen V. Verdejo
Mailing Address: 444 E. 86th St. Apt. 7C
City: New York State: NY Zip Code: 10028
FEC ID number of contributing federal political committee: C
Name of Employer: HIP Health Plan of NY
Occupation: Managing Director Community Relations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 / 12 / 2007
Transaction ID: SA11A1.4871
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Joan M Waldron
Mailing Address: 155 Parkway Ave.
City: Garden City State: NY Zip Code: 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: 05 / 04 / 2007
Transaction ID: SA11A1.4746
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Wanda Wareham
Mailing Address: 501 W. 123rd St. Apt. 9F
City: New York State: NY Zip Code: 10027
FEC ID number of contributing federal political committee: C
Name of Employer: Health Insurance Plan of NY
Occupation: VP Government Programs
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 21 / 2007
Transaction ID: SA11A1.4786
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Anthony Watson
Mailing Address: c/o 55 Water St.
City: New York State: NY Zip Code: 10041
FEC ID number of contributing federal political committee: C
Name of Employer: Health Insurance Plan of NY
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 06 / 26 / 2007
Transaction ID: SA11A1.4938
Amount of Each Receipt this Period: 2000.00

B.
Full Name (Last, First, Middle Initial): John White
Mailing Address: 360 Shore Rd. Apt. 9G
City: Long Beach State: NY Zip Code: 11561
FEC ID number of contributing federal political committee: C
Name of Employer: HIP Health Plan of NY
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 04 / 2007
Transaction ID: SA11A1.4750
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Marc S. Wolfert
Mailing Address: 400 9th St. Apt W5G
City: Hoboken State: NJ Zip Code: 07030
FEC ID number of contributing federal political committee: C
Name of Employer: HIP Health Plan of NY
Occupation: Health Administration
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 21 / 2007
Transaction ID: SA11A1.4780
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Roslyn Yasser Meren
Mailing Address: 140 E. 81st St. Apt 4E
City: New York | State: NY | Zip Code: 10028
FEC ID number of contributing federal political committee: C
Name of Employer: HIP Health Plan of NY
Occupation: Senior Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 05 / 11 / 2007
Transaction ID: SA11A1.4760
Amount of Each Receipt this Period: 750.00

B.
Full Name (Last, First, Middle Initial): Stephen Zeng
Mailing Address: 79 Lexington Dr.
City: Metuchen | State: NJ | Zip Code: 08840
FEC ID number of contributing federal political committee: C
Name of Employer: HIP Health Plans
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 21 / 2007
Transaction ID: SA11A1.4935
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1250.00**

TOTAL This Period (last page this line number only) ..... ▶ **18600.00**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): COMMITTEE TO RE-ELECT VITO FOSSELLA
Mailing Address: PO BOX 131403 PO BOX 060248
City: STATEN ISLAND State: NY Zip Code: 10313
Purpose of Disbursement:
Candidate Name: VITO MR. FOSSELLA
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 13
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB23.4727
Date of Disbursement: 02 / 01 / 2007
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): CROWLEY FOR CONGRESS
Mailing Address: 84-56 Grand Avenue
City: Elmhurst State: NY Zip Code: 11373
Purpose of Disbursement:
Candidate Name: JOSEPH CROWLEY
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 07
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB23.4730
Date of Disbursement: 02 / 28 / 2007
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): NADLER FOR CONGRESS
Mailing Address: Village Station PO Box 40
City: New York State: NY Zip Code: 10014
Purpose of Disbursement:
Candidate Name: JERROLD LEWIS NADLER
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 08
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB23.4733
Date of Disbursement: 05 / 29 / 2007
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4000.00**

TOTAL This Period (last page this line number only) ..... ▶ **4000.00**