REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

FEDERAL ELECTION COMMISSION MAIL ROOM

Dec 6 9 22 AM '96

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

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

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

☒ Thirtieth day report following the General Election on Nov. 5 in the State of D.C.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/17/96 through 11/25/96		
6. (a) Cash on Hand January 1, 19 96		$ 29,180.20
(b) Cash on Hand at Beginning of Reporting Period	$ 16,323.97	
(c) Total Receipts (from Line 19)	$ 5,060.00	$ 39,845.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 21,383.97	$ 69,025.20
7. Total Disbursements (from Line 30)	$ 1,000.00	$ 48,641.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 20,383.97	$ 20,383.97
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

Date 12/4/96

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 9/99)

FEGAN135

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 10/17/95 TO 11/25/96

	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)	5,060.00	37,845.00	11(a)(i)
i. Unitemized			11(a)(ii)
ii. Total (add i and ii) ➤	5,060.00	37,845.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	0.00	2,000.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	5,060.00	39,845.00	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) ➤	5,060.00	38,845.00	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	0.00	379.19	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	379.19	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	48,262.04	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) ➤	1,000.00	48,641.23	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)	5,060.00	39,845.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,060.00	39,845.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	379.19	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	379.19	37

FE8AN158

HEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Health Plan PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Dial 5984 North 9th Rd. Arlington, VA 22205	AAHP Occupation: Manager	11/12/96	$10.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ $110.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Pisano 8820 Ridge Rd. Bethesda, MD 20817	AAHP Occupation: Director	11/12/96	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $550.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diana Dennett 2027 37th St, N.W. Washington, DC 20007	AAHP Occupation: Executive Vice President	11/12/96	40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 750.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Stellar 209 8th St., S.E. Washington, DC 20003	AAHP Occupation: Executive VP	11/12/96	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 475.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Borchardt 17434 Avenleigh Dr. Ashton, MD 20861	AAHP Occupation: VP Finance	11/12/96	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 550.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bonnie Hogue 3621 Newark St., NW #312 Washington, DC 20016	AAHP Occupation: Director Health Policy	11/12/96	40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 80.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herb Schultz 2440 16th St., N.W. #422 Washington, DC 20009	AAHP Occupation: Direct State Advocacy	11/12/96	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 550.00		

SUBTOTAL of Receipts This Page (optional) > 290.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE OF

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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):	AAHP Asst. General Counsel Aggregate Year-to-Date $ 105.00	11/12/96	10.00
B. John Cattelan 1020 N. Stafford St. Arlington, VA 22201 Receipt For: Primary General Other (specify):	AAHP Grassroots Coordinator Aggregate Year-to-Date $ 105.00	11/12/96	10.00
C. Julie Goon 1200 N. Veitch St. #1135 Arlington, VA 22201 Receipt For: Primary General Other (specify):	AAHP VP Public Affairs Aggregate Year-to-Date $ 640.00	11/12/96	60.00
D. Richard Smith 9245 Seawind Court Columbia, MD 21045 Receipt For: Primary General Other (specify):	AAHP Vice Preside Health Policy Aggregate Year-to-Date $ 220.00	11/12/96	40.00
E. Barbara Lardy 2811 Albermarle St., N.W. Washington, DC 20036 Receipt For: Primary General Other (specify):	AAHP Program Manager Aggregate Year-to-Date $ 400.00	11/12/96	40.00
F. Nicole Valentine 13252 Meander Cove Dr. Germantown, MD 20874 Receipt For: Primary General Other (specify):	AAHP Washington Rep. Aggregate Year-to-Date $ 105.00	11/12/96	10.00
G. Minnie Wilson 13335 Hart St. Huntington Woods, MI 48070 Receipt For: Primary General Other (specify):	Health Alliance Director Aggregate Year-to-Date $ 100.00	11/12/96	100.00

SUBTOTAL of Receipts This Page (optional) 270.00

TOTAL This Period (last page this line number only)

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. James Ehlen, MD 6604 Dovre Dr. Edina, MN 55436	Allina CEO	10/17/96	$1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
B. Arthur Southam, MD 347 10th St. Santa Monica, CA 90402	Health Net President/CEO	10/23/96	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
C. Douglas Woll, MD 3311 Woodview Lade Rd. West Bloomfield, MI 48323	Selectcare Medical Officer	10/27/96	455.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 455.00		
D. Michael Swarin, DO 29737 High Valley Rd. Farmington Hills, MI 48331	Selectcare Medical Director	10/27/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 100.00		
E. Phyllis Smith 845 Ross Plymouth, MI 48170	Selectcare Director	10/27/96	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 50.00		
F. Keith Sipperley 6323 Denton Dr. Troy, MI 48098	Selectcare Accountant	10/27/96	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 50.00		
G. Carl Siebers 3233 Alderdale Dr. Sterling Heights, MI 48310	Selectcare Director	10/27/96	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 50.00		

SUBTOTAL of Receipts This Page (optional) ..... > 2,705.00

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

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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. Janice Getty 7724 Ranch Estates Rd. Clarkston, MI 48348 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare Occupation: Dir. Med. Operations Aggregate Year-to-Date > $ 50.00	10/27/96	$50.00
B. Julie Deconinck 606 Winwood Cir. Walled Lake, MI 48390 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare Occupation: Director Aggregate Year-to-Date > $ 50.00	10/27/96	50.00
C. Laurie Ann Meyer-Dean 6735 Parke Lake Dr. Clarkston, MI 48346 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare Occupation: Director Aggregate Year-to-Date > $ 50.00	10/27/96	$50.00
D. Charles Carpenter 30522 Georgetown Birmingham, MI 48025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare Occupation: Dir. Provider Network Aggregate Year-to-Date > $ 50.00	10/27/96	50.00
E. Philip Briskin 524 N. Wilcox Rochester, MI 48307 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare Occupation: Director Aggregate Year-to-Date > $ 50.00	10/27/96	50.00
F. William Blake 321 Eckford Troy, MI 48098 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare Occupation: Director Aggregate Year-to-Date > $ 50.00	10/27/96	50.00
G. SusanKluge 482 Cambridge Way Bloomfield, hills, MI 48304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare Occupation: Vice President Aggregate Year-to-Date > $ 100.00	10/27/96	100.00

SUBTOTAL of Receipts This Page (optional) 400.00

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

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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. Cindy Sedge 1906 Tuscola Flint, MI 48503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare Director Aggregate Year-to-Date $	10/27/96 50.00	50.00
B. Sheldon Rich 22052 Seminole Southfield, MI 48034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare Pharmacy Director Aggregate Year-to-Date $	10/27/96 50.00	50.00
C. SusanMuhme 16206 Pine Ridge Dr., N Fraser, MI 48026 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare Director, IS Aggregate Year-to-Date $	10/27/96 50.00	50.00
D. Deborah Lantzy-Talpos 2265 Oak River Ct. Troy, MI 48098 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare Director Aggregate Year-to-Date $	10/27/96 150.00	50.00
E. Roman Kulich 2843 Tamwood Court Commerce Township, MI 48382 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare President/CEO Aggregate Year-to-Date $	10/27/96 300.00	300.00
F. Lynn Henderson 1315 Wrenwood Dr. Troy, MI 48084 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare Director Aggregate Year-to-Date $	10/27/96 100.00	100.00
G. Kirk Handren 1688 Mark Hopkins Bloomfield, Hills,MI 48302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare Director, HR Aggregate Year-to-Date $	10/27/96 50.00	50.00

SUBTOTAL of Receipts This Page (optional)	$650.00
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. Dean Hovencamp 1612 Lochridge Rd. Bloomfield Hills, MI 48013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare Occupation: Senior VP Aggregate Year-to-Date > $ 100.00	10/27/96	100.00
B. Clyde Banks 4548 Brightmore Rd. Bloomfield Hills, MI 48302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare Occupation: Sr. Vice President Aggregate Year-to-Date > $ 100.00	10/27/96	100.00
C. Jonathan Haber 13156 Ludlow Huntington Woods, MI 48070 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare Occupation: CFO Aggregate Year-to-Date > $ 300.00	10/27/96	300.00
D. Harry Doerr, MD 4236 Phillips Berkley, MI 48072 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare Occupation: Medical Director Aggregate Year-to-Date > $ 100.00	10/27/96	100.00
E. Paul Browne 520 Langfield Northville, MI 48167 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare Occupation: VP Aggregate Year-to-Date > $ 45.00	10/27/96	45.00
F. Robert Crafton 10435 Borgman Huntington Woods, MI 48070 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selectcare Occupation: Vice President Aggregate Year-to-Date > $ 100.00	10/27/96	100.00
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) 745.00

TOTAL This Period (last page this line number only) $5,060.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
Health Plan PAC

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
A. Burr for Congress P.O. Box 5732 Winston-Salem, NC 27113	Check returned (Contribution) Disbursement for: Primary ✓ General	11/96	(500.00)
B. John Dingell for Congress Comm. P.O. Box 15522 Washington, DC 20003	check never cashed Disbursement for: Primary General	1/92	(1,000.00)
C. James E. Rogan for Congress 3525 N. Verdage Rd. Glendale, CA 91208	Contribution Disbursement for: Primary ✓ General	10/22/96	500.00
D. Blute for Congress P.O. Box 246 Worcester, MA 01613	Contribution Disbursement for: Primary ✓ General	10/22/96	500.00
E. Friends for Rick White P.O. Box 8156 Kirkland, WA 98034	Contribution Disbursement for: Primary ✓ General	10/22/96	500.00
F. Effective Government Comm. 635-B Penn. Ave., SE Washington, DC 20003	Gephardt Camp. Disbursement for: Primary ✓ General	10/31/96	X 1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General	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	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	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) $1,000.00

FE5AN136

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 12/4/96
☐	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

ML — PREPARER

12/6/96 — DATE PREPARED

FEC FORM 70-2 (12/92)