RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

DEC 3 9 23 AM '96

RQ-2

OCT 30 1996

Robert Borchardt, Treasurer
Health Plan PAC of the American
Association of Health Plans
1129 20th Street NW, #600
Washington, DC 20036

Identification Number: C00106740

Reference: July Quarterly Report (4/1/96-6/30/96)

Dear Mr. Borchardt:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-On Schedule A supporting Line 11(a)(i) of the Detailed Summary Page, your report disclosed contributions from individuals that omit the aggregate year-to-date totals. Please amend your report by supplying the information. 11 CFR §104.3(a)(4)(i)

-Schedule B supporting Line 23 of your report discloses contributions to federal candidates which have not been designated for a specific election. Please amend your report to disclose this information and note that contributions may not be designated for an election that has already occurred unless the funds are to be used to reduce a candidate committee's debts incurred during that election campaign.

-For your information, each category on the Detailed Summary Page for which your committee discloses activity must have a separate schedule. Please note this for future filings.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Debbie Manzano

Debbie Manzano
Senior Reports Analyst
Reports Analysis Division

250

FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-3

November 21, 1996

Robert Borchardt, Treasurer
Health Plan PAC of the American
Association of Health Plans
1129 20th Street, NW, #600
Washington, DC 20036

Identification Number: C00106740

Reference: July Quarterly Report (4/1/96-6/30/96)

Dear Mr. Borchardt:

This letter is to inform you that as of November 20, 1996, the Commission has not received your response to our request for additional information, dated October 30, 1996. This notice request information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaing Act (the Act), please respond to this request (copy enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions related to this matter, please contact Debbie Manzano on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

DEC 3 9 23 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) ☐ Check if different than previously reported
1129 20th Street, 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 _____ 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 April 1, 1996 through June 30, 1996		$ 29,180.20
6. (a) Cash on Hand January 1, 19 96	$ 36,769.39	
(b) Cash on Hand at Beginning of Reporting Period	$ 4,560.00	$ 20,150.00
(c) Total Receipts (from Line 19)	$ 41,329.39	$ 49,330.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 17,582.61	$ 25,583.42
7. Total Disbursements (from Line 30)	$ 23,746.78	$ 23,746.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ -0-	
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)		

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 O. Borchardt

Signature of Treasurer [signature] Date 11/23/96

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)

FE5AN069

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

(revised 1/1/91)

E OF COMMITTEE	REPORT COVERING PERIOD FROM: 4/1/96 TO: 6/30/96		
Health Plan PAC	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)	4,560.00	19,150.00	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) ➤	4,560.00	19,150.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)		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) ➤	4,560.00	20,150.00	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	320.67	321.48	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	320.67	321.48	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	17,262.04	25,262.04	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) ➤	17,582.71	25,583.52	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)	4,560.00	20,150.00	32
33. Total Contribution Refunds (from line 28d)	--	--	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,560.00	20,150.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	320.67	321.48	35
36. Offsets to Operating Expenditures (from line 15)	--	--	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	320.67	321.48	37

FESAN069

HEDULE 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

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):	Name of Employer: AAHP Occupation: Manager Aggregate Year-to-Date: $ 60.00	6/13/96	$30.00
B. Susan Pisano 8820 Ridge Rd. Bethesda, MD 20817 Receipt For: Primary / General / Other (specify):	Name of Employer: AAHP Occupation: Director Aggregate Year-to-Date: $ 300.00	6/13/96	150.00
C. Diana Dennett 2027 37th St, N.W. Washington, DC 20007 Receipt For: Primary / General / Other (specify):	Name of Employer: AAHP Occupation: Executive Vice President Aggregate Year-to-Date: $ 390.00	6/13/96	240.00
D. Charles Stellar 209 8th St., S.E. Washington, DC 20003 Receipt For: Primary / General / Other (specify):	Name of Employer: AAHP Occupation: Executive VP Aggregate Year-to-Date: $ 225.00	6/13/96	150.00
E. Robert Borchardt 17434 Avenleigh Dr. Ashton, MD 20861 Receipt For: Primary / General / Other (specify):	Name of Employer: AAHP Occupation: VP Finance Aggregate Year-to-Date: $ 300.00	6/13/96	150.00
F. Georgia Carneal 1104 Jonquil Circle Great Falls, VA 22066 Receipt For: Primary / General / Other (specify):	Name of Employer: AAHP Occupation: VP Legal Affairs Aggregate Year-to-Date: $ 100.00	6/13/96	60.00
G. Herb Schultz 2440 16th St., N.W. #422 Washington, DC 20009 Receipt For: Primary / General / Other (specify):	Name of Employer: AAHP Occupation: Direct State Advocacy Aggregate Year-to-Date: $ 300.00	6/13/96	150.00

SUBTOTAL of Receipts This Page (optional) $930.00

TOTAL This Period (last page this line number only)

AP-066

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. Kathryn Wilber 127 Lastner Lane Greenbelt, MD 20770 Receipt For: Primary / General / Other (specify):	Employer: AAHP Occupation: Asst. General Counsel Aggregate Year-to-Date > $55.00	6/13/96	30.00
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 > $ 55.00	6/13/96	30.00
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 > $ 340.00	6/13/96	180.00
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 > $ 120.00	6/13/96	60.00
E. Barbara Lardy 2811 Albermarle St., N.W. Washington, DC 20036 Receipt For: Primary / General / Other (specify):	Employer: AAHP Occupation: Program Manager Aggregate Year-to-Date > $ 200.00	6/13/96	120.00
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 > $ 55.00	6/13/96	30.00
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 > $ 50.00	6/13/96	30.00

SUBTOTAL of Receipts This Page (optional) $480.00

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

FESA006

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. James Walworth 24424 East River Rd. Grosse Ile, MI 48138 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Health Alliance Plan Occupation: President Aggregate Year-to-Date > $ $1,150.00	6/25/96	$150.00
B. Carmella Bocchino 820 S. Fairfax St. Alexandria, VA 22314 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Vice President Aggregate Year-to-Date > $ 600.00	6/25/96	$600.00
C. Michael Herbert 30 Applegate Lane Trumbull, CT 06611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Physician Health Occupation: President Aggregate Year-to-Date > $ $1,150.00	6/25/96	$150.00
D. Michael Stocker 1056 Fifth Ave. New York, NY 10028 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Empire BC/BS Occupation: CEO Aggregate Year-to-Date > $ 150.00	6/25/96	$150.00
E. Katherine Belchic 131 S. St. Patrick ST. New Orleans, LA 70119 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: American LIFECARE Occupation: Vice President Aggregate Year-to-Date > $ 150.00	6/25/96	$150.00
F. Maria Dotseth 5475 Maple Heights Rd. Greenwood, MN 55331 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Allena Occupation: Public Policy Analyst Aggregate Year-to-Date > $ 125.00	6/25/96	$75.00
G. Patrick Mattingly, M.D. 9 Church St. Providence, RI 02904 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Harvard Pilgrim Occupation: Vice President Aggregate Year-to-Date > $ 150.00	6/25/96	$150.00

SUBTOTAL of Receipts This Page (optional) $1,425.00

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

TEGAN069

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. William Roper Lane House-Hartley Farms Spring Valley Rd. Morristown, NJ 07960	Prudential Ins. Senior VP	6/25/96	$150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 150		
B. Stuart Byer 350 Ledroit St. Laguna Beach, CA 92651	Bean Health Plan VP Public Affairs	6/25/96	$100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 100		
C. Leo Lawless 230 Worcester St. Wellesley, MA 02181	Harvard Pilgrim Assistant Administrator	6/3/96	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 50		
D. Janet Newport 1620 Sunflower Ave. Costa Mesa, CA 92626	FHP, Inc. VP Gov't. Programs	6/3/96	$100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 100		
E. Jennifer Shaw 8500 16th St., Silver Spring, MD 20910	AAHP State Affairs Analyst	6/3/96	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 25.00		
F. Bruce Hironimus 1800 Center St. Camp Hill, PA 17089	Penn. Blue Shield	6/3/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 100		
G. Phillip Griffin 200 South Sixth St. Minneapolis, MN 55402	Preferred One VP Public Policy	6/3/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 100		

SUBTOTAL of Receipts This Page (optional) > $625.00

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

SCHEDULE 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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
George Fletcher P.O. Box 749 Gainesville, FL 32602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Av-Med Health Occupation: Executive Aggregate Year-to-Date > $ 50	6/3/96	$50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Clyde Oden 3405 W. Imperial Highway Inglewood, CA 90303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	United Health Plan Occupation: President Aggregate Year-to-Date > $ 1000	6/3/96	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard Dorff P.O. box 13645 Tallahassee, FL 32317 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fl Assn of HMO's Occupation: Executive Director Aggregate Year-to-Date > $ 50	6/3/96	50.00
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):	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. 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):	Aggregate Year-to-Date > $		
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):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) $1,100.00

TOTAL This Period (last page this line number only) $4,560.00

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Earl Pomeroy for Congress P.O. Box 746 Bismarck, ND 58502	Fundraiser Disbursement for: ☑ Primary ☐ General ☐ Other (specify)	4/5/96	$500.00
B. Full Name, Mailing Address and ZIP Code City Club 555 13th St., N.W. Washington, DC 20004	Fundraing Dinner for Congressman Richard Burr Disbursement for: ☑ Primary ☐ General ☐ Other (specify)	4/17/96	377.24 (in-kind)
C. Full Name, Mailing Address and ZIP Code Fazio for Congress P.O. Box 990 Washington, DC 20044	Fundraisers Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	4/22/96	1,000.00
D. Full Name, Mailing Address and ZIP Code Ed Towns for Congress P.O. Box 2084 Washington, DC 20013	Fundraiser Disbursement for: ☑ Primary ☐ General ☐ Other (specify)	4/22/96	500.00
E. Full Name, Mailing Address and ZIP Code Nelson for Senate P.O. Box 258 Boystown, NE 68010	Fundraiser Disbursement for: ☑ Primary ☐ General ☐ Other (specify)	4/22/96	1,000.00
F. Full Name, Mailing Address and ZIP Code Bill Thomas Campaign Comm. P.O. Box 395 Bakersfield, CA 93302	Fundraiser Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	4/24/96	1,000.00
G. Full Name, Mailing Address and ZIP Code Pat Roberts for US Senate P.O. Box 433 Greatbend, KS 67530	Fundraiser Disbursement for: ☑ Primary ☐ General ☐ Other (specify)	4/29/96	500.00
H. Full Name, Mailing Address and ZIP Code Committee for a Democratic Majority 307 5th St., NE 2nd Floor Washington, DC 20002	Fundraiser Dinner for Ted Kennedy 5/7/96 Disbursement for: ☐ Primary ☐ General ☑ Other (specify) 1996	5/7/96	1,000.00
I. Full Name, Mailing Address and ZIP Code Peterson for Congress 501 Capitol Court, NE #200 WAshington, DC 20002	Fundraiser Disbursement for: ☑ Primary ☐ General ☐ Other (specify)	5/13/96	500.00

SUBTOTAL of Disbursements This Page (optional)	$6,377.24
TOTAL This Period (last page this line number only)	

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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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code National Democratic Club Washington, DC	Fazio for Congress Fundraiser Disbursement for: Primary ✓ General Other (specify)	5/13/96	$384.80 (in-kind)
B. Full Name, Mailing Address and ZIP Code Republican Majority Fund P.O. Box 19897 Alexandria, VA 22320	Fundraiser for Senator Don Nickles Disbursement for: Primary General ✓ Other (specify) 1996	5/21/96	$1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Congressman Holden 302 Mahantongo Street Pottsville, PA 17901	Fundraiser Disbursement for: Primary ✓ General Other (specify)	5/21/96	$500.00
D. Full Name, Mailing Address and ZIP Code NRSC Senate Council 425 Second St., NE Washington, DC 20002	Membership Campaign Committee Program Disbursement for: Primary General ✓ Other (specify) 1996	5/21/96	2,500.00
E. Full Name, Mailing Address and ZIP Code DSCC Business Roundtable 430 South Capitol St.,S.E. Washington, DC 20003	Membership Campaign Committee Program Disbursement for: Primary General ✓ Other (specify) 1996	5/21/96	2,500.00
F. Full Name, Mailing Address and ZIP Code Peter Deutsch for Congress P.O. Box 26778 Tamarac, FL 33320	Fundraiser Disbursement for: ✓ Primary General Other (specify)	5/21/96	$500.00
G. Full Name, Mailing Address and ZIP Code McCrery for Congress 555 13th St., N.W. #1120E Washington, DC 20004	Fundraiser Disbursement for: ✓ Primary General Other (specify)	5/22/96	1,000.00
H. Full Name, Mailing Address and ZIP Code McConnell Senate Committee Watterson Towers East 1930 Bishop Lane #1016 Louisville, KY 40218	Fundraiser Disbursement for: Primary ✓ General Other (specify)	6/13/96	1,000.00
I. Full Name, Mailing Address and ZIP Code Mike Bilirakis for Congress P.O. Box 1077 Tarpon Springs, FL 34688	Fundraiser Disbursement for: ✓ Primary General Other (specify)	6/26/96	1,000.00

SUBTOTAL of Disbursements This Page (optional) $10,384.80

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

JN089

CHEDULE 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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Susan Molinari P.O. Box 060248, New Drop Station Staten Island, NY 10306	Fundraiser Disbursement for: ☑ Primary ☐ General ☐ Other (specify)	6/26/96	$500.00
B. Full Name, Mailing Address and ZIP Code Riggs National BAnk Washington, DC	Checking & Credit Card fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/96	176.29
C. Full Name, Mailing Address and ZIP Code Riggs National Bank Washington, DC	New Checks & Deposit Slips Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/96	119.00
D. Full Name, Mailing Address and ZIP Code Riggs National Bank Washington, DC	New Deposit only Stamp Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/96	25.28
E. 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
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)	820.57
TOTAL This Period (last page this line number only)	17,582.61

LLN086

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Riggs National Bank Washington, DC	Checking & Credit card fees	6/30/96	$176.29
B. 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**
Riggs National Bank Washington, DC	New Checks & Deposit Slips	6/30/96	$119.00
C. 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**
Riggs National Bank Washington, DC	New Deposit Only Stamp	6/30/96	25.28
D. 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**
E. 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**
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) .....

TOTAL This Period (last page this line number only) $320.57

FE6AN009

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 11-25-96
☐	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

SLS

PREPARER

12-3-96

DATE PREPARED

FEC FORM 70-2 (12/92)