REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
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OCT 21 10 22 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

C00106740 091676 P 250
ROBERT BORCHARDT
HEALTH PLAN PAC OF THE AMERICA
N ASSOC OF HEALTH PLANS FKA GR
1129 20TH STREET NW #600
WASHINGTON DC 20036

2. FEC IDENTIFICATION NUMBER

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

[X] Twelfth day report preceding General (Type of Election) election on 11/5/96 in the State of D.C.

[ ] Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period Oct. 1, 1996 through Oct. 16, 1996		
6. (a) Cash on Hand January 1, 19 96		$ 29,180.20
(b) Cash on Hand at Beginning of Reporting Period	$ 12,913.97	
(c) Total Receipts (from Line 19)	$ 3,910.00	$ 34,785.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 16,823.97	$ 63,965.20
7. Total Disbursements (from Line 30)	$ 500.00	$ 47,641.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 16,323.97	$ 16,323.97
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	

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

Date 10/17/96

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)

FE6AH060

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 10/1/96 TO 10/16/96

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	$3,910.00	$32,785.00	11(a)(i)
i. Itemized (use Schedule A)			11(a)(ii)
ii. Unitemized			11(a)(iii)
iii. Total (add i and ii) ➤	$3,920.00	$32,785.00	11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)	C. 0.00	2,000.00	11(d)
d. Total Contributions (add a iii, b and c) ➤	$3,910.00	$34,785.00	12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity			19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$3,910.00	$34,785.00	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures	0.00	379.19	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	379.19	22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	47,262.04	24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individuals/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) ➤	500.00	47,641.23	29
29. Other Disbursements			30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	500.00	47,641.23	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3,910.00	$34,785.00	32
33. Total Contribution Refunds (from line 28d)	--	--	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$3,910.00	$34,785.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	--	379.19	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	--	379.19	37

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.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	AAHP Manager	10/15/96	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 100.00		
B. Susan Pisano 8820 Ridge Rd. Bethesda, MD 20817	AAHP Director	10/15/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
C. Diana Dennett 2027 37th St. N.W. Washington, DC 20007	AAHP Executive Vice President	10/15/96	160.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 710.00		
D. Charles Stellar 209 8th St., S.E. Washington, DC 20003	AAHP Executive VP	10/15/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 425.00		
E. Robert Borchardt 17434 Avenleigh Dr. Ashton, MD 20861	AAHP VP Finance	10/15/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
F. Bonnie Hogue 3621 Newark St., NW #312 Washington, DC 20016	AAHP Director Health Policy	10/15/96	40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Herb Schultz 2440 16th St., N.W. #422 Washington, DC 20009	AAHP Direct State Advocacy	10/15/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		

SUBTOTAL of Receipts This Page (optional) > 620.00

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

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	AAHP Asst. General Counsel	10/15/96	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $95.00		
B. John Cattelan 1020 N. Stafford St. Arlington, VA 22201	AAHP Grassroots Coordinator	10/15/96	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $95.00		
C. Julie Goon 1200 N. Veitch St. #1135 Arlington, VA 22201	AAHP VP Public Affairs	10/15/96	120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $580.00		
D. Richard Smith 9245 Seawind Court Columbia, MD 21045	AAHP Vice Preside Health-Policy	10/15/96	80.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $180.00		
E. Barbara Lardy 2811 Albermarle St., N.W. WAshington, DC 20036	AAHP Program Manager	10/15/96	80.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $360.00		
F. Nicole Valentine 13252 Meander Cove Dr. Germantown, MD 20874	AAHP Washington Rep.	10/15/96	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $95.00		
G. Geraldine Howard 7429 Bush Garden Ave. Las Vegas, NV 89129	AAHP Health Plan of Nevada	10/4/96	$100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 440.00

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

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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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Jonathon Bunker 2021 Alberti Ct. Las Vegas, NV 89117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Plan of Nevada Occupation: President Aggregate Year-to-Date $	10/4/96	$50.00
B. Larry Howard P.O. Box 15645en Las Vegas, NV 89114 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Plan of Nevada Occupation: Director Aggregate Year-to-Date $	10/4/96	$100.00
C. Marie H. Soldo 1905 Davina St. Henderson, NV 89014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Plan of Nevada Occupation: Director Aggregate Year-to-Date $ 200.00	10/4/96	$100.00
D. Frank Collins 2641 W. Barbaradale Circle Las Vegas, NV 89102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Plan of Nevada Occupation: General Counsel Aggregate Year-to-Date $	10/4/96	$100.00
E. Michael Montalvo 1919 Davina St. Henderson, NV 89014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Plan of Nevada Occupation: Vice President Aggregate Year-to-Date $	10/4/96	$100.00
F. Alice Reeves 14 Innisbrook Ave. Las Vegas, NV 89113 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Plan of Nevada Occupation: Aggregate Year-to-Date $	10/4/96	$100.00
G. James W. Patton 19191 Prairie Detroit, MI 48221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Comprehensive Health Services of Detroit Occupation: Exec. VP/CEO Aggregate Year-to-Date $	10/15/96	$1,000.00

SUBTOTAL of Receipts This Page (optional)	$1,550.00
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

PAGE 1 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. Isadore J. King 1672 Briar Ridge Dr. Ann Arbor, MI 48108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Comp. Health Services of Detroit Occupation: Sr. VP Aggregate Year-to-Date $ $200.00	10/15/96	$100.00
B. Wayne Bradley, SR. 6500 John C. Lodge Detroit, MI 48202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Comp. Health Services of Detroit Occupation: Ass't Vice President Aggregate Year-to-Date $ $200.00	10/15/96	$100.00
C. Brian W. Davis 3820 Boulder Dr. Troy, MI 48084 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Comp. Health Services of Detroit Occupation: Vice President Aggregate Year-to-Date $	10/15/96	100.00
D. Marc Keshishian 30498 Fox Club Dr. Farmington Hills, MI 48331 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Comp Health Services of Detroit Occupation: Ass't. Vice President Aggregate Year-to-Date $	10/15/96	$100.00
E. Robert Low 32988 Hargrove Court Farmington Hills, MI 48334 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wellness Plan Occupation: Senior VP Aggregate Year-to-Date $ $200.00	10/15/96	$100.00
F. A. Michael Preuss 1897 Willowood Rd. Rochester Hills, MI 48307 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wellness Plan Occupation: Asst. VP Aggregate Year-to-Date $ $200.00	10/15/96	$100.00
G. Ronald Stone 8545 Lincoln Huntington Woods, MI 48070 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Comprehensive Health of Detroit Occupation: Aggregate Year-to-Date $ $200.00	10/15/96	100.00

SUBTOTAL of Receipts This Page (optional) $700.00

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

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NAME OF COMMITTEE (In Full)
Health Plan PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Samuel McCargo 155 W. Congress #450 Detroit, MI 48226 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Wellness Plan Occupation: VP & Associate Gen. Counsel Aggregate Year-to-Date: $200.00	10/15/96	$100.00
B. Asghar Khan 17501 Spruce Riverview, MI 48192 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Wellness Plan Occupation: Asst. Vice President Aggregate Year-to-Date: $	10/15/96	$100.00
C. L. T. Mathews 35376 Glengary Circle Farmington Hills, MI 48331 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Wellness Plan Occupation: VP Finance Aggregate Year-to-Date: $200.00	10/15/96	$100.00
D. Hefshel Gardin 2544 Karen Oak Park, MI 48237 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Comp. Health Services of Detroit Occupation: Director Aggregate Year-to-Date: $200.00	10/15/96	$100.00
E. Ann Thomas 17334 Santa Rosa Detroit, MI 48221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Comp. Health Services of Detroit Occupation: Director Aggregate Year-to-Date: $200.00	10/15/96	$100.00
F. Karen Ardrey 25235 Greenbrooke Dr. Southfield, MI 48034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Comp. Health Services of Detroit Occupation: Asst. Vice President Aggregate Year-to-Date: $200.00	10/15/96	$100.00
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional) $600.00

TOTAL This Period (last page this line number only) $3,910.00

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

A. Full Name, Mailing Address and ZIP Code Luther for Congress Volunteer Comm. 1399 Geneva Ave. N. #103 Oakdale, MN 55128	Purpose of Disbursement Reception Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/15/96	Amount of Each Disbursement This Period $500.00
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
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
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) $500.00

FEBRN069

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☒	First Class Mail	POSTMARKED 10-17-96
☐	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

CS

10-21-96

PREPARER

DATE PREPARED

FEC FORM 70-2 (12/92)