10/18/2002 10 : 56

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 PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

ADDRESS (number and street) ▼ 1129 20TH STREET NW #600

Check if different than previously reported. (ACC)

WASHINGTON | DC | 20036 –

2. **FEC IDENTIFICATION NUMBER** ▼ C00106740

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT X 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 (M13)

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

Election on 11 05 2002 in the State of DC

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

Election on in the State of

5. Covering Period 10 01 2002 through 10 18 2002

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 Electronically Filed by Robert Borchardt Date 10 18 2002

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			**FEC FORM 3X** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name

HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

Report Covering the Period: From: 10 01 2002 To: 10 16 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		30010.51
(b) Cash on Hand at Begining of Reporting Period	9612.09	
(c) Total Receipts (from Line 19)	14785.00	110216.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24397.09	140226.51
7. Total Disbursements (from Line 30)	8500.34	124329.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15896.75	15896.75
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 PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

Report Covering the Period: From: 10 01 2002 To: 10 16 2002

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)	2800.00	
(ii) Unitemized	1985.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	4785.00	63716.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	10000.00	46500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ..... ▶	14785.00	110216.00
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 36, page 4)	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 Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	14785.00	110216.00
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	14785.00	110216.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

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	0.34	1052.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.34	1052.20
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	8500.00	123000.00
24. Independent Expenditure (use Schedule E)	0.00	277.56
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. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	8500.34	124329.76
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	8500.34	124329.76
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	14785.00	110216.00
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	14785.00	110216.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.34	1052.20
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	0.34	1052.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 12

[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 PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A. Full Name (Last, First, Middle Initial): Kevin Counihan
Mailing Address: 58 Cliff Rd.
City: Wellesley Hills State: MA Zip Code: 02481
FEC ID number of contributing federal political committee.
Name of Employer: Tufts Health Plan
Occupation: Senior VP
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 10 09 2002
Amount of Each Receipt this Period: 350.00
contribution
Transaction ID: SA11A1.5147

B. Full Name (Last, First, Middle Initial): Richard Hallworth
Mailing Address: 4 Dana Road
City: Boxford State: MA Zip Code: 01921
FEC ID number of contributing federal political committee.
Name of Employer: Tufts Health Plan
Occupation: Senior VP
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 10 09 2002
Amount of Each Receipt this Period: 350.00
contribution
Transaction ID: SA11A1.5153

C. Full Name (Last, First, Middle Initial): Jon Kingsdale
Mailing Address: 131 Dunster Road
City: Jamaica Plain State: MA Zip Code: 02130
FEC ID number of contributing federal political committee.
Name of Employer: Tufts Health Plan
Occupation: Senior VP
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 10 09 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.5148

SUBTOTAL of Receipts This Page (optional) ..... ▶ **950.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 / 12

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

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial): Nancy Leaming
Mailing Address: 3D Constellation Wharf
City: Charlestown State: MA Zip Code: 02129
FEC ID number of contributing federal political committee.
Name of Employer: Tufts Health Plan
Occupation: COO
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 09 2002
Amount of Each Receipt this Period: 500.00
contribution
Transaction ID: SA11A1.5162

B.
Full Name (Last, First, Middle Initial): William McCallum
Mailing Address: 8515 E. Orchard Rd.
City: Englewood State: CO Zip Code: 80111
FEC ID number of contributing federal political committee.
Name of Employer: Great West
Occupation: President/CEO
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 10 10 2002
Amount of Each Receipt this Period: 1000.00
contributon
Transaction ID: SA11A1.5167

C.
Full Name (Last, First, Middle Initial): Patricia Trebino
Mailing Address: 142 Manning St.
City: Needham State: MA Zip Code: 02494
FEC ID number of contributing federal political committee.
Name of Employer: Tufts Health Plan
Occupation:
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 10 09 2002
Amount of Each Receipt this Period: 350.00
contribution
Transaction ID: SA11A1.5152

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1850.00**

TOTAL This Period (last page this line number only) ..... ▶ **2800.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 / 12

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial)
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address
8515 E ORCHARD ROAD

City: ENGLEWOOD State: CO Zip Code: 80111

FEC ID number of contributing federal political committee: C00263723

Name of Employer:
Occupation:

Receipt For: 2002
Primary X General
Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: M 10 D 10 Y 2002

Amount of Each Receipt this Period: 5000.00

contribution

Transaction ID: SA11C.5168

B.
Full Name (Last, First, Middle Initial)
INDEPENDENT HEALTH ASSOCIATION INC POLITICAL ALLIANCE

Mailing Address
2495 KENSINGTON AVENUE

City: BUFFALO State: NY Zip Code: 14226

FEC ID number of contributing federal political committee: C00323758

Name of Employer:
Occupation:

Receipt For: 2002
Primary X General
Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: M 10 D 16 Y 2002

Amount of Each Receipt this Period: 5000.00

contribution

Transaction ID: SA11C.5190

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶ **10000.00**

TOTAL This Period (last page this line number only) ..... ▶ **10000.00**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.

Full Name (Last, First, Middle Initial)
Riggs National Bank

Mailing Address
1913 Mass. Ave., NW

City: Washington
State: DC
Zip Code: 20036

Purpose of Disbursement
visa/mc fees

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: 2002
Primary X General
Other (specify)

Date of Disbursement
10 02 2002

Amount of Each Disbursement this Period
0.34

Transaction ID: SB21B.5191

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**0.34**
TOTAL This Period (last page this line number only) ..... ▶	**0.34**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial)
AMERICA'S MAJORITY TRUST

Mailing Address
1155 21st Street NW Suite 300
City: Washington State: DC Zip Code: 20036

Purpose of Disbursement
fundraiser

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: 2002
Primary X General
Other (specify)

Date of Disbursement: 10 / 09 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5171

B.
Full Name (Last, First, Middle Initial)
CANDICE MILLER FOR CONGRESS

Mailing Address
55 Walnut PMB 310
City: Mount Clemens State: MI Zip Code: 48043

Purpose of Disbursement
fundraiser

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: MI District: 10

Disbursement For: 2002
Primary X General
Other (specify)

Date of Disbursement: 10 / 16 / 2002

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB23.5182

C.
Full Name (Last, First, Middle Initial)
CITIZENS FOR RUSH

Mailing Address
3361 SOUTH KING DRIVE
City: CHICAGO State: IL Zip Code: 60616

Purpose of Disbursement
fundraiser

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: IL District: 01

Disbursement For: 2002
Primary X General
Other (specify)

Date of Disbursement: 10 / 08 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5173

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial)
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE
Mailing Address
430 SOUTH CAPITOL STREET, SE
City: WASHINGTON State: DC Zip Code: 20003
Purpose of Disbursement: fundraiser
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: 2002 Primary X General Other (specify)
Date of Disbursement: 10 / 08 / 2002
Amount of Each Disbursement this Period: 2000.00
Transaction ID: SB23.5175

B.
Full Name (Last, First, Middle Initial)
FRIENDS OF JON PORTER INC
Mailing Address
5851 W CHARLESTON BLVD
City: LAS VEGAS State: NV Zip Code: 89148
Purpose of Disbursement: fundraiser
Candidate Name
Category/Type
Office Sought: X House / Senate / President
State: NV District: 03
Disbursement For: 2002 Primary X General Other (specify)
Date of Disbursement: 10 / 16 / 2002
Amount of Each Disbursement this Period: 500.00
Transaction ID: SB23.5168

C.
Full Name (Last, First, Middle Initial)
GARRETT FOR CONGRESS 2002
Mailing Address
PO BOX 905
City: NEWTON State: NJ Zip Code: 07860
Purpose of Disbursement: fundraiser
Candidate Name
Category/Type
Office Sought: X House / Senate / President
State: NJ District: 05
Disbursement For: 2002 Primary X General Other (specify)
Date of Disbursement: 10 / 16 / 2002
Amount of Each Disbursement this Period: 500.00
Transaction ID: SB23.5160

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial)
JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address
911 WELSH AYRES WAY

City: DOWNINGTOWN | State: PA | Zip Code: 19335

Purpose of Disbursement: fundraiser

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: PA District: 06

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement: 10 / 16 / 2002

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB23.5184

B.
Full Name (Last, First, Middle Initial)
MCCOTTER CONGRESSIONAL COMMITTEE

Mailing Address
38202 LYNDON

City: LIVONIA | State: MI | Zip Code: 48154

Purpose of Disbursement: fundraiser

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: MI District: 11

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement: 10 / 16 / 2002

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB23.5186

C.
Full Name (Last, First, Middle Initial)
TEAM SUNUNU

Mailing Address
PO BOX 500

City: RYE | State: NH | Zip Code: 03870

Purpose of Disbursement: fundraiser

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: NH District: 01

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement: 10 / 15 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5178

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	
☐ 26	☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.

Full Name (Last, First, Middle Initial)
WALDEN FOR CONGRESS

Mailing Address
3009 DETHAM RIDGE

City: HOOD RIVER
State: OR
Zip Code: 97031

Purpose of Disbursement
fundraiser

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: OR District: 02

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement
10 09 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.5169

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**1000.00**
TOTAL This Period (last page this line number only) ..... ▶	**8500.00**