REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED FEDERAL ELECTION COMMISSION 98 JUL 7 12 33 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Health Plan PAC of the American Assoc. of Health Plans

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

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election 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 4/1/98 through 6/30/98		
6. (a) Cash on Hand January 1, 1998		$ 16,014.33
(b) Cash on Hand at Beginning of Reporting Period	$ 10,774.33	
(c) Total Receipts (from Line 19)	$ 6,930.00	$ 9,190.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 17,704.33	$ 25,204.33
7. Total Disbursements (from Line 30)	$ 7,500.00	$ 15,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 10,204.33	$ 10,204.33
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
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 202-694-1100

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 7/6/98

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)

FEBMN054

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 4/1/98 TO: 6/30/98

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,700.00	3,960.00	11(a)(i)
ii. Unitemized	230.00	230.00	11(a)(ii)
iii. Total (add i and ii) ➤	1,930.00	4,190.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	5,000.00	5,000.00	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) ➤	6,930.00	9,190.00	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			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,500.00	15,000.00	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) ➤	7,500.00	15,000.00	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)	6,930.00	9,190.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,930.00	9,190.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE8A/K64

HEDULE A

ITEMIZED RECEIPTS

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

PAGE OF

FOR LINE NUMBER

...y 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 ...urposes, 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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Marcus Merz 200 S. 6th St. #300 Minneapolis, MN 55402	Preferred One Administrator	5/20/98	$1,000.00
Receipt For: [✓] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ $1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Susan Pisano 8820 Ridge Rd. Bethesda, MD 20817	AAHP Director	5/28/98	$100.00
Receipt For: [✓] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ $250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Foundation Health Corp. PAC 3400 Data Drive RAncho Cordova, CA 95670	Foundation Health Corp. PAC	6/10/98	$5,000.00
Receipt For: [✓] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ $5,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles Stellar 209 8th St., S.E. Washington, DC 20003	AAHP Executive VP	5/28/98	$100.00
Receipt For: [✓] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ $250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Borchardt 17434 Avenleigh Dr. Ashton, MD 20861	AAHP VP Finance	5/28/98	$100.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ $250.00		
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
Herb Schultz 2440 16th St., N.W. #422 Washington, DC 20009	AAHP Direct State Advocacy	5/28/98	$100.00
Receipt For: [✓] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ $250.00		

SUBTOTAL of Receipts This Page (optional) > $6,400.00

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

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.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
B.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
C. Julie Goon 1200 N. Veitch St. #1135 Arlington, VA 22201	Name of Employer: AAHP Occupation: VP Public Affairs	5/28/98	$120.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ $300.00		
D. Richard Smith 9245 Seawind Court Columbia, MD 21045	Name of Employer: AAHP Occupation: Vice Preside Health Policy	5/28/98	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ $250.00		
E. Barbara Lardy 2811 Albermarle St., N.W. WAshington, DC 20036	Name of Employer: AAHP Occupation: Program Manager	5/28/98	$80.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ $200.00		
F.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) $300.00

TOTAL This Period (last page this line number only) $6,700.00

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends of Newt Ginrich P.O. Box 1399 Roswell, GA 30077	Breakfast Fundraiser Disbursement for: ✓ Primary ☐ General ☐ Other (specify)	5/28/98	$1,000.00
B. Honorable Phil English C/O People for English P.O. Box 1940 Erie, PA 16507	Industry Breakfast Disbursement for: ✓ Primary ☐ General ☐ Other (specify)	5/18/98	$1,000.00
C. CPC PAC P.O. Box 22614 Alexandria, VA 22304	Reception Cong. Jim McCrery Disbursement for: ✓ Primary ☐ General ☐ Other (specify)	5/28/98	$1,000.00
D. Thurman for Congress 3610 38th St., NW #F270 Washington, DC 20016	Luncheon Disbursement for: ✓ Primary ☐ General ☐ Other (specify)	5/20/98	$500.00
E. Earl Pomery for Congress P.O. Box 75214 Washington, DC 20013	Fundraiser Dinner Disbursement for: ✓ Primary ☐ General ☐ Other (specify)	5/20/98	$500.00
F. Kay Granger Campaign Fund 910 Houston St. #105-C Fort Worth, TX 76102	Fundraiser Disbursement for: ✓ Primary ☐ General ☐ Other (specify)	5/5/98	$500.00
G. Committee to Re-Elect Loretta Sanchez 12553 S. Harbor Blvd. Garden Grove, CA 92840	Luncheon Disbursement for: ✓ Primary ☐ General ☐ Other (specify)	4/17/98	$500.00
H. Bill Thomas Campaign Comm. Box 395 Bakersfield, CA 93302	Fundraiser Dinner Disbursement for: ✓ Primary ☐ General ☐ Other (specify)	4/10/98	$1,000.00
I. Fund for a Responsible Future 1150 17th St., NW #601 Washington, DC	Luncheon Disbursement for: ✓ Primary ☐ General ☐ Other (specify)	6/8/98	$1,000.00

SUBTOTAL of Disbursements This Page (optional) $7,000.00

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

FEBA4084

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 John Breaux for Senate Comm. 110-B East Broad St. Falls Church, VA 22046	Purpose of Disbursement Breakfast Disbursement for: ☑ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/28/98	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)	$500.00
TOTAL This Period (last page this line number only)	$7,500.00

FE6AN064

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 7-6-98
☐	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
☐	Electronic Filing	

Jm P
PREPARER

7-7-98
DATE PREPARED

(4/98)