P 413 679 855

CHOICECare

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

DEC 4 11 35 AM '96

GRAND BALDWIN BUILDING, 655 EDEN PARK DRIVE, CINCINNATI, OHIO 45202-4056
513-784-5200

November 27, 1996

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Dear Sir or Madam:

Please find enclosed a copy of the following report relating to ChoiceCare Health Plans, Inc. Political Action Committee (FEC #C00322156):

- FEC Disclosure Form 3X - 30-Day Post-General Report for the Period October 17, 1996 - November 25, 1996

Should you have any questions concerning the enclosed, please do not hesitate to contact me at (513) 929-3655.

Sincerely,

Jeffery T. Pinkston
Assistant Treasurer
ChoiceCare Health Plans, Inc. PAC

Enclosure
As above

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

DEC 4 11 36 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
CHOICECARE HEALTH PLANS, INC
POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
655 EDEN PARK DRIVE

CITY, STATE and ZIP CODE
CINCINNATI, OHIO 45202

2. FEC IDENTIFICATION NUMBER
C00 322156

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 11/5/96 in the State of OHIO

(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		$ -0-
(b) Cash on Hand at Beginning of Reporting Period	$ 7,450.-	
(c) Total Receipts (from Line 19)	$ 7,300.-	$ 14,750.-
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 14,750.-	$ 14,750.-
7. Total Disbursements (from Line 30)	$ 11,028.01	$ 11,028.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3721.99	$ 3,721.99
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
JAMES M. FRAIZ

Signature of Treasurer
James M. Fraiz

Date 11/26/96

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 8/93)

4-00173

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

(revised 1/1/91)

NAME OF COMMITTEE: CHOICECARE HEALTH PLANS, INC. POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 10/17/96 TO: 11/25/96

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)	6,300.—	13,550.—	11(a)i
ii. Unitemized	1,000.—	1,200.—	11(a)ii
iii. Total (add i and ii) ➤	7,300.—	14,750.—	11(a)iii
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	7,300.—	14,750.—	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) ➤	7,300.—	14,750.—	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	7,300.—	14,750.—	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	128.01	128.01	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	128.01	128.01	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.—	500.—	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) ➤	-0-	-0-	28(d)
29. Other Disbursements	10,400.—	10,400.—	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	11,028.01	11,028.01	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	11,028.01	11,028.01	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	7,300.—	14,750.—	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,300.—	14,750.—	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	128.01	128.01	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	128.01	128.01	37

440173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11.a.1.

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)

CHOICECARE HEALTH PLANS, INC. POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS D. ANTHONY 4337 Ashley OAKS DR. CINCINNATI, OHIO 45227 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CHOICECARE HEALTH PLANS, INC. Occupation EXECUTIVE VICE PRESIDENT & CHIEF LEGAL OFF. Aggregate Year-to-Date > $ 2,500	10/18/96	$ 2,500.-
JUAN M. FRAIZ 3149 Wolf Run Ct. CINCINNATI, OHIO 45244 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CHOICECARE HEALTH PLANS, INC. Occupation VICE PRESIDENT & CFO Aggregate Year-to-Date > $ 600	10/18/96	600.-
DAVID WINTERS 2732 LORRIE DRIVE BEAVERCREEK, OHIO 45434 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CHOICECARE HEALTH PLANS, INC Occupation SBM - CONTROLLER Aggregate Year-to-Date > $ 200	10/18/96	200.-
JANE E. ALLISON 8500 EUSTIS FARM LN. CINCINNATI, OHIO 45243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CHOICECARE HEALTH PLANS, INC. Occupation EXECUTIVE VICE PRESIDENT & COO Aggregate Year-to-Date > $ 1500	10/25/96	1,500.-
KATHY DEIGHLE 3361 JENNY LIND RD. AMELIA, OHIO 45102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CHOICECARE HEALTH PLANS, INC. Occupation EXECUTIVE DIR., FINANCIAL SYSTEMS Aggregate Year-to-Date > $ 750	10/21/96	750.-
DENNIS CURRAN 8426 GREENLEAF DRIVE CINCINNATI, OHIO 45255 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CHOICECARE HEALTH PLANS, INC. Occupation EXECUTIVE DIR., HUMAN RESOURCE MANAGEMENT Aggregate Year-to-Date > $ 750	10/28/96	750.-
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) 6,300.-

TOTAL This Period (last page this line number only) 6,300.-

-00172

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

CHOICECARE HEALTH PLANS, INC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LONGABAUGH FOR CONGRESS 1216 CENTRAL PARKWAY #200 CINCINNATI, OHIO 45210	MARK LONGABAUGH, HOUSE CANDIDATE, 1ST - OHIO Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/20/96	$250.-
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PORTMAN FOR CONGRESS P.O. BOX 2365 CINCINNATI, OHIO 45201-2365	ROB PORTMAN, HOUSE CANDIDATE, 2ND - OHIO Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/20/96	300.-
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CHABOT FOR CONGRESS 105 W. FOURTH STREET, STE. 1133 CINCINNATI, OHIO 45202	STEVE CHABOT, HOUSE CANDIDATE, 1ST - OHIO Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/20/96	250.-
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PORTMAN FOR CONGRESS P.O. BOX 2365 CINCINNATI, OHIO 45201-2365	ROB PORTMAN, HOUSE CANDIDATE, 2ND - OHIO Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/5/96	(300) (check returned)
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	500.-
TOTAL This Period (last page this line number only)	500.-

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

CHOICECARE HEALTH PLANS, INC. POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. PRESTON FOR SENATE COMMITTEE P.O. BOX 808 PAINTSVILLE, KENTUCKY 41240	JOHN DAVID PRESTON, KENTUCKY STATE SENATE Disbursement for: Primary General Other (specify)	10/28/96	$ 200.—
B. COMMITTEE TO RE-ELECT LARRY SAUNDERS 736 PALATKA RD. LOUISVILLE, KENTUCKY 40214	LARRY SAUNDERS, KENTUCKY STATE SENATE Disbursement for: Primary General Other (specify)	10/28/96	300.—
C. COMMITTEE TO ELECT TIM SHAUGHNESSY TOM GEORGE 1005 JUNIPER SPRINGS DR. LOUISVILLE, KENTUCKY 40243	TIM SHAUGHNESSY, KENTUCKY STATE SENATE Disbursement for: Primary General Other (specify)	10/28/96	300.—
D. CITIZENS FOR NANCY CHILES DIX SUSAN TORRENS, TREASURER 10 WEST LOCUST ST. NEWARK, OHIO 43055	NANCY CHILES DIX, OHIO STATE SENATE Disbursement for: Primary General Other (specify)	10/28/96	200.—
E. COMMITTEE TO RE-ELECT SENATOR GRACE L. DRAKE SALLY FLOKIEWICZ, TREASURER 5954 BRIARDALE LANE SOLON, OHIO 44139	GRACE L. DRAKE, OHIO STATE SENATE Disbursement for: Primary General Other (specify)	10/28/96	300.—
F. MAIER STATE REPRESENTATIVE COMM. EDWARD ELUM, TREASURER 1147 STRATFORD AVE. MASSILLON, OHIO 44646	JOHNNIE MAIER, OHIO HOUSE Disbursement for: Primary General Other (specify)	10/28/96	200.—
G. CITIZENS FOR SAWYER KAREN SAWYER TREASURER 3323 BROKAW BUTLER, OHIO 44822	FRANK SAWYER, OHIO HOUSE Disbursement for: Primary General Other (specify)	10/28/96	200.—
H. VAN VYVEN FOR STATE REPRESENTATIVE COMM. JANET BARER, TREASURER 11006 READING ROAD SHARONVILLE, OHIO 45241	DALE VAN VYVEN, OHIO HOUSE Disbursement for: Primary General Other (specify)	10/28/96	600.—
I. KAREN GILLMOR FOR STATE SENATE JANE HURLBERT, TREASURER 4389 NORTH STREET, RT. 53 TIFFIN, OHIO 44883	KAREN GILLMOR, OHIO STATE SENATE Disbursement for: Primary General Other (specify)	10/28/96	300.—

SUBTOTAL of Disbursements This Page (optional) ..... 2,600.—

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 2 OF 4

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

CHOICECARE HEALTH PLANS, INC. POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. CHIPP FOR SENATE COMMITTEE DAN FHARMAN, TREASURER 3081 ALLENTOWN ROAD, STE. 3 LIMA, OHIO 45805	ROBERT CHIPP OHIO STATE SENATE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/96	$300
B. SENATOR ROY RAY RE-ELECTION COMM. POLY DOBKIN, TREASURER 474 MALVERN ROAD AKRON, OHIO 44303	ROY L. RAY, OHIO STATE SENATE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/96	500.-
C. SUHADOLNIK COMMITTEE GEORGE CSATARY, TREASURER 19945 LORAINE RD. FAIRVIEW PARK, OHIO 44126	GARY SUHADOLNIK, OHIO STATE SENATE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/96	200.-
D. FRIENDS OF JANET HOWARD ROBERT HALL, TREASURER 7811 HAMILTON AVE. CINCINNATI, OHIO 45231	JANET HOWARD, OHIO STATE SENATE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/96	300.-
E. CITIZENS FOR OLMAN COMMITTEE CHARLES J. MIRA, TREASURER 2847 EMMICE DRIVE TOLEDO, OHIO 43605	LYAN OLMAN, OHIO HOUSE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/96	200.-
F. FINAN FOR STATE SENATE COMM. TOM SIEMERS, TREASURER 1137 MAIN STREET CINCINNATI, OHIO 45241	RICHARD H. FINAN, OHIO STATE SENATE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/96	1,000.-
G. TERWILLEGER FOR STATE REPRESENTATIVE COMM. JIM TURSTILL, TREASURER 3123 BRAMBLEBUSH DRIVE MORAINE, OHIO 45439	GEORGE TERWILLEGER OHIO HOUSE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/96	300.-
H. SCHULER FOR STATE REPRESENTATIVE COMM. R. DOUGLAS MILLER, TREASURER 9079 MONTGOMERY ROAD CINCINNATI, OHIO 45242	ROBERT SCHULER, OHIO HOUSE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/96	300.-
I. CITIZENS FOR METZLEY KENNETH MOORE, TREASURER 4025 PIQUA-TROY RD. PIQUA, OHIO 45356	ROBERT METZLEY OHIO HOUSE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/96	300.-

SUBTOTAL of Disbursements This Page (optional) 3,400.-

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

4-00173

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

CHOICECARE HEALTH PLANS, INC. POLITICAL ACTION COMMITTEE

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code MONTGOMERY CAMPAIGN COMMITTEE JOHN F. KEVERN, TREASURER 35 E. GAY ST., 4th FLR. COLUMBUS, OHIO 43215	BETTY MONTGOMERY, OHIO ATTORNEY GENERAL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/96	$500.-
B. Full Name, Mailing Address and ZIP Code KEARNS COMMITTEE GLENDA GRENWOOD, TREASURER 266F4 BROOKDALE DR. SPRINGFIELD, OHIO 45502	MERLE GRACE KEARNS, OHIO STATE SENATE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/96	200.-
C. Full Name, Mailing Address and ZIP Code MALLORY FOR CITIZENS DWAYNE MALLORY, TREASURER 907 DAYTON ST. CINCINNATI, OHIO 45214	MARK MALLORY, OHIO HOUSE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/96	300.-
D. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT LOUIS BLESSING LOUIS BLESSING, TREASURER 3153 McGILL RD. CINCINNATI, OHIO 45251	LOUIS BLESSING, OHIO HOUSE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/96	300.-
E. Full Name, Mailing Address and ZIP Code CITIZENS FOR BRITTON COMMITTEE ERNEST BRITTON, TREASURER 5222 KENWOOD RD. CINCINNATI, OHIO 45227	SAMUEL BRITTON, OHIO HOUSE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/96	300.-
F. Full Name, Mailing Address and ZIP Code JACKIE O'BRIEN FOR STATE LEGISLATOR COMM. H. LEE KROMDHOLY, TREASURER 8005 S. CLIPPINGERS CINCINNATI, OHIO 45243	JACKIE OBRIEN, OHIO HOUSE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/30/96	300.-
G. Full Name, Mailing Address and ZIP Code WINKLER FOR STATE REPRESENTATIVE COMM. JOHN LENNONBERG, TREASURER 5971 BERCHTOP DR. CINCINNATI, OHIO 45233	CHERYL WINKLER, OHIO HOUSE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/30/96	300.-
H. Full Name, Mailing Address and ZIP Code REPUBLICAN SENATE CAMPAIGN COMM. JAMES W. McGUIRE, TREASURER P.O. BOX 15623 COLUMBUS, OHIO 43215	OHIO REPUBLICAN SENATE CANDIDATES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/1/96	500.-
I. Full Name, Mailing Address and ZIP Code OHIO HOUSE REPUBLICAN CAMPAIGN COMM. MATTHEW YUSKEWICH, TREASURER 35 E. GAY ST., STE. 404 COLUMBUS, OHIO 43215	OHIO REPUBLICAN HOUSE CANDIDATES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/1/96	500.-

SUBTOTAL of Disbursements This Page (optional) 3,200.-

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

-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 4

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

CHOICECARE HEALTH PLANS, INC. POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. DEMOCRATIC SENATE CAMPAIGN COMM. 37 W. BROAD STREET, SUITE 770 COLUMBUS, OHIO 43215	OHIO DEMOCRATIC SENATE CANDIDATES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/1/96	$500.-
B. OHIO HOUSE DEMOCRATIC CAMPAIGN COMM. P.O. Box 16923 COLUMBUS, OHIO 43216	OHIO DEMOCRATIC HOUSE CANDIDATES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/1/96	500.-
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) 1,000.-

TOTAL This Period (last page this line number only) 10,200.-

4-00173

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
☑	Registered/Certified Mail	POSTMARKED 11-27-92
☐	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

Jm H
PREPARER

12-4-92
DATE PREPARED

FEC FORM 70-2 (12/92)