REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 JUL 17 P 2:40

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 4/1/00 through 6/30/00		
6. (a) Cash on Hand January 1, ~~xx~~ 2000		$ $ 2,247.39
(b) Cash on Hand at Beginning of Reporting Period	$ $18,703.39	
(c) Total Receipts (from Line 19)	$ 20,000	$ 42,055.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ $38,703.39	$ $44,302.39
7. Total Disbursements (from Line 30)	$ $29,269.62	$ $34,868.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ $ 9,433.77	$ $ 9,433.77
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 202-694-1100

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
R. O. Borchardt

Date
7/14/00

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)

FESAN1-03

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

(revised 1/1/91)

NAME OF COMMITTEE
Health Plan PAC of American Assoc.of Health Plans

REPORT COVERING PERIOD
FROM 4/1/00 TO: 6/30/00

	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)	$14,170.00	$32,810.00	11(a)(i)
ii. Unitemized	3,330.00	4,245.00	11(a)(ii)
iii. Total (add i and ii) ➤	$17,500.00	$37,055.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	$2,500.00	$ 5,000.00	11(c)
d. Total Contributions (add a III, b and c) ➤	$20,000.00	$42,055.00	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) ➤	$20,000	$42,055.00	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	$29,000	$34,500.00	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	$ 269.62	$ 368.62	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$29,269.62	$34,868.62	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)	$20,000	$42,055	32
33. Total Contribution Refunds (from line 28d)	--		33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$20,000	$42,055	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

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. Thomas Albright 4800 Deerwood Campus Parkway Jacksonville, FL 32246 Receipt For: Primary ✓ General; Other (specify):	Employer: BC/BS of Fl Occupation: Senior VP Aggregate Year-to-Date > $ $1,100.00	6/15/00	$100.00
B. George Atkins 1129 20th St., NW Washington, DC 20036 Receipt For: Primary ✓ General; Other (specify):	Employer: Health Reform Strategies Occupation: Principal Aggregate Year-to-Date > $ $350.00	6/15/00	$100.00
C. Carmella Bucchino 820 S. Fairfax St. Alexandria, VA 22314 Receipt For: Primary ✓ General; Other (specify):	Employer: AAHP Occupation: VP Aggregate Year-to-Date > $ $350.00	6/14/00	$100.00
D. Wayne W. Bradley 2875 W. Grand Blvd Detroit, MI 48202 Receipt For: Primary ✓ General; Other (specify):	Employer: The Wellness Plan Occupation: Director Aggregate Year-to-Date > $ $250.00	6/5/00	$250.00
E. Stephen Demontmollin 7313 NW 47th Ct. Gainesville, FL 32606 Receipt For: Primary ✓ General; Other (specify):	Employer: AvMed Health Plan Occupation: VP Aggregate Year-to-Date > $ $485.00	6/15/00	$485.00
F. George Halverson 8100 34th Ave. South Minneapolis, MN 55440 Receipt For: Primary ✓ General; Other (specify):	Employer: UnitedHealthcare Occupation: President & CEO Aggregate Year-to-Date > $ $1,100.00	6/14	$100.00
G. Galen Miller 441 N St., SW Washington, DC 20024 Receipt For: Primary ✓ General; Other (specify):	Employer: AAHP Occupation: VP Aggregate Year-to-Date > $ $350.00	6/5	$100.00

SUBTOTAL of Receipts This Page (optional) $1,235.00

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

FE9AN-103

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE OF

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NAME OF COMMITTEE (In Full)
Health Plan PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edwin Hannum 1861 LaGrande Dr. Dunedin, FL 34698	AvMed Health Plan	6/16/00	$385.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Occupation: Group VP Aggregate Year-to-Date > $ $385.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janet Newport 3120 Lake Center Drive Santa Ana, CA 92704	PacifiCare Health Sys.	6/5	$100.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Occupation: Senior Director Aggregate Year-to-Date > $ $200.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randi Reichel 13211 Black Walnut Court Silver Spring, MD 20906	AAHP	6/5	$100.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Occupation: Executive Director Aggregate Year-to-Date > $ $350.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Renaudin, II One Galleria Blvd. Metairie, LA 70002	Ochsner Health Plan	6/15	$100.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Occupation: Senior VP Aggregate Year-to-Date > $ $350.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeannine Rivet P.O. Box 1459 Minneapolis, MN 55440	United HealthCare	6/14	$1,000.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Occupation: Chief Exec. Officer Aggregate Year-to-Date > $ $1,000.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis Baccoccio 1434 Jerrold Place Crofton, MD 21114	AAHP	6/15	$100.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Occupation: General Counsel Aggregate Year-to-Date > $ $350.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maria H. Soldo 2724 N. Tenya Way Las Vegas, NV 89128	Sierra Health Ser.	6/15	$100.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Occupation: Exec. VP Aggregate Year-to-Date > $ $1,100.00		

SUBTOTAL of Receipts This Page (optional)	$1,885.00
TOTAL This Period (last page this line number only)	

FE9AN103

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 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. Kathryn Wilber 127 Lastner Lane Greenbelt, MD 20770 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: AAHP Occupation: Asst. Gen. Counsel Aggregate Year-to-Date > $ $410.00	6/14	$160.00
B. Debra Ward 3405 W Imperial Hwy #310 Inglewood, CA 90303 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: UDP HealthCare Occupation: VP Aggregate Year-to-Date > $ $200.00	6/5	$100
C. Bruce Weiss P.O. Box 749 Gainesville, FL 32602 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: AvMed HealthPlan Occupation: VP Aggregate Year-to-Date > $ $385.00	6/14	$385.00
D. Daniel Wolfson 100 Albany St. #13D New Brunswick, NJ 08901 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: Alliance Comm. HP Occupation: President & CEO Aggregate Year-to-Date > $ $200.00	6/15	$100.00
E. Steve Zatkin One Kaiser Plaza Oakland, CA 94612 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: Kaiser Occupation: Senior VP Aggregate Year-to-Date > $ $300.00	6/15	$100.00
F. Jay M. Gellert 440 Davis #913 San Francisco, CA 94111 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: Foundation Health Occupation: President Aggregate Year-to-Date > $ $1,000.00	4/20/00	$1,000.00
G. Jon Richardson 4 Captains Way Exeter, NJ 03833 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: Oxford Health Plan Occupation: Executive VP Aggregate Year-to-Date > $ $1,000.00	4/20	$1,000.00

SUBTOTAL of Receipts This Page (optional) $2,845.00

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

FE9AN103

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE DF

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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. Norman Payson 48 Monroe Turnpike Trumbull, CT 06611 Receipt For: Primary ✓ General; Other (specify):	Oxford Health Plan Occupation: Chairman Aggregate Year-to-Date > $ $1,000.00	5/16	$1,000.00
B. Douglas Cueny 1049 Arbor Trace NE Atlanta, GA 30319 Receipt For: Primary ✓ General; Other (specify):	Secure Choice Health Occupation: CEO Aggregate Year-to-Date > $ $385.00	6/5	$385.00
C. RC Hudson 5221 NW 119th St. Gainesville, FL 32653 Receipt For: Primary ✓ General; Other (specify):	AvMed Health Plan Occupation: COO Aggregate Year-to-Date > $ $385.00	6/5	$385.00
D. Don Hairston 4762 SW 88th Dr. Gainesville, FL 32608 Receipt For: Primary ✓ General; Other (specify):	AvMed Health Plan Occupation: VP Aggregate Year-to-Date > $ $385.00	6/5	$385.00
E. Barry Wagner 125 SW 134th Terrace Newberry, FL 32669 Receipt For: Primary ✓ General; Other (specify):	AvMed Health Plan Occupation: Director Aggregate Year-to-Date > $ $385.00	6/5	$385.00
F. Les Rankini 10302 SW 41st Place Gainesville, FL 32608 Receipt For: Primary ✓ General; Other (specify):	AvMed Health Plan Occupation: VP Aggregate Year-to-Date > $ $385.00	6/5	$385.00
G. Winston Lonsdale 11361 SW 123rd ST Miami, FL 33176 Receipt For: Primary ✓ General; Other (specify):	AvMed Health Plan Occupation: Assistant VP Aggregate Year-to-Date > $ $385.00	6/5	$385.00

SUBTOTAL of Receipts This Page (optional) $3310.00

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

FE3AN108

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 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. Susan Pisano 8820 Ridge Rd. Bethesda, MD 20817 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: AAHP Occupation: VP of Comm. Aggregate Year-to-Date > $ $820.00	4/1-6/30	$460.00
B. Charles Berg 10 Blind Brook Rd. Westport, CT 06880 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: Oxford Health Plans Occupation: Exec.VP Aggregate Year-to-Date > $ $500.00	5/1	$500.00
C. David A. Jones 500 W. Main St. Louisville, KY 40201 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: Humana, Inc. Occupation: Chairman of Board Aggregate Year-to-Date > $ $1,000.00	5/1	$1,000
D. G.Michael Hammes 960 Silver Mist Ct. Brookfield, WI 53005 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: Family Health Systems Occupation: President Aggregate Year-to-Date > $ $250.00	5/1	$250.00
E. Julie Goon 1200 N. Veitch St. #1135 Arlington, VA 22201 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: AAHP Occupation: VP of Public Affairs Aggregate Year-to-Date > $ 360.00	4/1-6/30	$180.00
F. Richard Smith 9245 Seawind Court Columbia, MD 21045 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: AAHP Occupation: VP of Health Policy Aggregate Year-to-Date > $ $400.00	4/1-6/30	$250.00
G. Charles Schneider 745 Briar Hill Rd. Hopkinton, NJ 03229 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: Oxford Health Plan Occupation: President & CEO Aggregate Year-to-Date > $ $1,000.00	5/9	$1,000.00

SUBTOTAL of Receipts This Page (optional) $3,640.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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PAGE 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. Marc Edelstein 501 Alhambra Cir. Coral Gables, FL 33134 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: AvMed Health Plan Occupation: VP Aggregate Year-to-Date > $ $385.00	6/5	$385.00
B. David Wells 6760 SW 126th Ter. Miami, FL 33156 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: AvMed Health Plan Occupation: Director Aggregate Year-to-Date > $ $385.00	6/5	$385.00
C. Catherine Ayers 6222 NW 19th Pl Gainesville, FL 32605 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: AvMed Health Plan Occupation: VP Aggregate Year-to-Date > $ $385.00	6/5	$385.00
D. ~~Edwin Hannum~~ ~~1861 LaGrande Dr.~~ ~~Dunedin, FL 34698~~ Receipt For: ☐ Primary ☐ General ☐ Other (specify):	~~Employer: AvMed Health Plan~~ ~~Occupation: VP~~ Aggregate Year-to-Date > $ $385.00	~~6/16~~	~~$385.00~~
E. Diana Dennett 3412 Q St. NW Washington, DC 20007 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Employer: AAHP Occupation: Executive VP Aggregate Year-to-Date > $ $1,100.00	6/14	$100.00
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $		
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)	$1,255
TOTAL This Period (last page this line number only)	$14,170.00

FEBAN103

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE OF

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NAME OF COMMITTEE (In Full)
Health Plan PAC

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
A. Bob Franks for Senate P.O. box 497 New Providence, NJ 07974	Fundraiser General	4/5/00	$500.00
B. Congressional Majority Committee c/o Brian Boyle 555 13th St., NW #500W Washington, DC 20004	Bill Thomas General	5/21/00	$1,000
C. Hatch Election Committee P.O. Box 1480 Washington, DC 20013	Breakfast General	4/24/00	$1,000
D. Porter for Congress 1111 Maycrest Ave. #G Henderson, NV 89014	Fundraiser General	4/24/00	$1,000
E. Committee for Preservation of Capitalism P.O. Box 22614, Alex., VA 22304	Fundraiser General	5/9/00	$4,000
F. Next Century Fund P.O. Box 2898 Washington, DC 20004	Fundraiser R. Burr General	6/21	$1,000
G. Majority Leaders Fund P.O. Box 995 Lewisville, TX 75067	Fundraiser-D.Armery General	6/21/00	$1,000
H. American Renewal PAC P.O. Box 20210 Alexandria, VA 22320	Breakfast-JC Watts General	6/21	$1,000
I. Firends of Sam Johnson P.O. Box 860096 Plano, TX 75086	Breakfast General	6/21	$1,000

SUBTOTAL of Disbursements This Page (optional) $11,500

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

FEC Form 3 (1/03)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
Health Plan PAC

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
A. Whitfield for Congress P.O. Box 391 Hopkinsville, KY 42241	Breakfast	6/21	$1,000
B. Friends of Scott McInnis P.O. Box 3157 Grand Junction, CO 81502	breakfast	6/21	$500
C. ARMPAC 1155 21st St., NW #300 Washington, DC 20036	Dinner	6/21	$2,500
D. Texans for Henry Bonilla P.O. Box 17292 San Antonio, TX 78217	Fundraiser	6/21	$1,500
E. Roth Senate Committee P.O. Box 105 Wilmington, DE 19899	Fundraiser	6/21	$500
F. Leadership PAC 2000 1199 North Fairfax St. Alex., VA 22314	Fundraiser	6/21	$500
G. Bill Thomas Campaign Comm. P.O. Box 395 Bakersfield, CA 93302	Reception	6/21	$1,000
H. Thurman for Congress 450 Pleasant Grove Rd. Inverness, FL 34452	Fundraiser	6/21	$1,000
I. Congressman Waxman Camp. Comm. 8665 Wilshire Blvd. #220 Beverly Hills, CA 90211	Fundraiser	6/21	$1,000

SUBTOTAL of Disbursements This Page (optional) $9,500.00

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

FEBAN 103

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
Health Plan PAC

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
A. Committee to Reelect Ed Towns 360 Clinton Ave #6R Brooklyn, NY 11238	Fundraiser General	6/21	$500
B. Peter Deutsch for Congress P.O. Box 817689 Unit 911 Hollywood, FL 33081	Fundraiser General	6/21	$500
C. Enzi Committee P.O. Box 2775 Cody, WY 82414	Fundraiser General	6/21	$1,000
D. Friends of Phil Gramm P.O. Box 565087 Dallas, TX 75356	Fundraiser General	6/27	$1,000
E. Abraham Senate 2000 26555 Evergreen Rd. #1220 Southfield, MI	Fundraiser General	6/27	$1,000
F. Brownback for Senate P.O. Box 2008 Topeka, KS 66601	Fundraiser General	6/27	$1,000
G. Republican Majority Fund 1155 21st St., NW #300 Washington, DC 20036	Fundraiser-Sen.Nickles General		$2,000
H. Keep our Majority PAC P.O. Box 864 Washington, DC 20044	Fundraiser General	6/27/00	$1,000
I. Riggs National Bank 1313 Mass. ave., NW Washington, DC 20036	Bank fees General	4/1-6/30	$269.62

SUBTOTAL of Disbursements This Page (optional) ..... $8269.62 | $8,269.62

TOTAL This Period (last page this line number only) ..... | $29,269.82

FE9AN103

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 7.14.00
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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	

PREPARER

7.17.00
DATE PREPARED

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