REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

C00106740 030800 P
ROBERT BORCHARDT
HEALTH PLAN PAC OF THE AMERICA
N ASSOC OF HEALTH PLANS FKA GR
1129 20TH STREET NW #600
WASHINGTON DC 20036

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
APRIL
2000 MAY 17 P 2:13

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

☐ 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 1/1/00 through 3/31/00		
6. (a) Cash on Hand January 1, ~~XX~~ 2000		$ 2,247.39
(b) Cash on Hand at Beginning of Reporting Period	$ 2,247.39	
(c) Total Receipts (from Line 19)	$ 22,055.00	$ 22,055.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 24,302.39	$ 24,302.39
7. Total Disbursements (from Line 30)	$ 5,599.00	$ 5,599.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 18,703.39	$ 18,703.39
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 4/13/2000

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)

FEBAN103

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 1/1/00 TO: 3/31/00

	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)	$18,640.00	$18,640.00	11(a)(i)
ii. Unitemized	915.00	915.00	11(a)(ii)
iii. Total (add i and ii) ➤	$19,555	$19,555.00	11(a)(iii)
b. Political Party Committees	–		11(b)
c. Other Political Committees (such as PACs)	2,500.00	2,500.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	$22,055.00	$22,055.00	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) ➤	$22,055	$22,055	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	$5,500	$5,500	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) ➤			28(d)
29. Other Disbursements	99.00	99.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$5,599.00	$5,599.00	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)	$22,055	$22,055	32
33. Total Contribution Refunds (from line 28d)	--		33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$22,055.00	$22,055	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. Susan Pisano 8820 Ridge Rd. Bethesda, MD 20817 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: VP of Comm. Aggregate Year-to-Date $ $360.00	1/1-3/31	$360.00
B. ~~Pacificare PAC~~ ~~3120 Lake Center Dr.~~ ~~Santa Ana, CA 92799~~ Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: ~~Pacificare~~ Occupation: Aggregate Year-to-Date $ 2,500.00	~~2/29/00~~	~~$2,500.00~~
C. Adrienne Biggert 323 Second St. SE Washington, DC 20003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Wash. Rep. Aggregate Year-to-Date $ 250.00	3/1/00	$250.00
D. Anthony Lamb 713 N. Cleveland St. Arlington, VA 22201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Director Aggregate Year-to-Date $ $250.00	3/1/00	$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 $ 180.00	3/31	$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 $ 150.00	3/31	$150.00
G. Karen Ignagni 3105 Chespeake St. NW Washington, DC 20008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: President Aggregate Year-to-Date $ $1,000.00	3/1/00	$1,000.00

SUBTOTAL of Receipts This Page (optional) ..... 2190.00 ~~$4,500.00~~

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

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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 Compus Parkway Jacksonville, FL 32246 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: BC/BS of Florida Occupation: SVP Aggregate Year-to-Date > $ $1,000	3/1/00	$1,000
B. Rodney Armstead, MD 3405 W Imperial Hwy #304 Inglewood, CA 90303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: UHP Healthcare Occupation: Executive VP Aggregate Year-to-Date > $ $250	3/1	$250
C. George Atkins 1129 20th St., NW Washington, DC 20036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Reform Strategies Occupation: Principal Aggregate Year-to-Date > $ $250	3/1	$250
D. Katherine Belchic 650 Poydras St. New Orleans, LA 70130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American LIFECARE Occupation: VP Aggregate Year-to-Date > $ $250	3/1	$250
E. Melvin Benson 253 Summer St. Boston, MA 02210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Neighborhood Health Plan Occupation: VP Aggregate Year-to-Date > $ $250	3/1	$250
F. Dr. Harris Berman 333 Wyman St. Waltham, MA 02254 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tufts Health Plan Occupation: Aggregate Year-to-Date > $ $1,000	2/29	$1,000
G. Carmella Bocchino 820 S. Fairfax St. Alexandria, VA 22314 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AAHP Occupation: VP Aggregate Year-to-Date > $ $250	2/29	$250

SUBTOTAL of Receipts This Page (optional) $3,250

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

FEBAN1-03

SCHEDULE A **ITEMIZED RECEIPTS**

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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. Robert Crane One Kaiser Plaza Oakland, CA 94612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kaiser Foundation Health Plan Occupation: Senior VP Aggregate Year-to-Date: $250.00	3/1	$250
B. Joe Criscione 1215 K St. Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BS of CA Occupation: Senior Consultant Aggregate Year-to-Date: $600	2/29	$500
C. Elise Gemeinhardt 1225 New York Ave., NW Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	United Health Care Occupation: VP Aggregate Year-to-Date: $250	2/29	$250
D. Dr. Arthur Gosin Guaranty Bldg. 28 Church St. Buffalo, NY 14202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Univera HealthCare Occupation: President Aggregate Year-to-Date: $1,000	2/29	$1,000
E. Phil Griffin 6105 Golden Hills Dr. Golden Valley, MN Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Preferred One Occupation: VP Aggregate Year-to-Date: $250	3/1	$250
F. Lynne Gross 4361 Irwin Simpson Rd. Mason, OH 45040 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Anthem BC/BS Occupation: VP Aggregate Year-to-Date: $250	3/1	$250
G. George Halvorson 8100 34th Ave. South Minneapolis, MN 55440 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HealthPartners Occupation: President Aggregate Year-to-Date: $1,000	2/29	$1,000

SUBTOTAL of Receipts This Page (optional) $3,500

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

SCHEDULE A **ITEMIZED RECEIPTS**

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Bruce Hironimus 1800 Center St. Camp Hill, PA 17089 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Highmark, Inc. Occupation: VP Aggregate Year-to-Date > $250	3/1	$250
B. Roman Kulich 2401 W. Big Beaver RD. Troy, MI 48084 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SelectCare HMO Occupation: President Aggregate Year-to-Date > $ 250.00	2/29	$250
C. Anthony Marlon, MD P.O. Box 15645 Las Vegas, NV 89114 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sierra Health Services Occupation: Chairman & CEO Aggregate Year-to-Date > $1,000	2/29	$1,000
D. Marcus Merz 6105 Golden Hills Dr. Golden Valley, MN 55416 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Preferred One Occupation: President Aggregate Year-to-Date > $1,000	3/1	$1,000
E. Tim Moyer 48 Monroe Turnpike Trumbull, CT 06611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oxford Halth Plan Occupation: VP Aggregate Year-to-Date > $ 250.00	2/29	$250
F. Galen Miller 441 N ST. SW Washington, DC 20024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP Occupation: VP Aggregate Year-to-Date > $ 250.00	2/29	$250
G. Clyde Oden, OD 3405 Imperial Hwy Inglewood, CA 90303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	UHP Healthcare Occupation: President Aggregate Year-to-Date > $ 1,000	3/1	$1,000

SUBTOTAL of Receipts This Page (optional) $4,000

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

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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. Cynthia Patton 3400 Riverside Drive Burbank, CA 91505 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: UNIHEALTH Occupation: Asst. General Counsel Aggregate Year-to-Date > $250	2/29	$250
B. Edward C. Peddie P.O. Box 749 Gainesville, FL 32602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AVMed Health Plan Occupation: President Aggregate Year-to-Date > $1,000	3/1	$1,000
C. Mark Puente 857 Elkridge Landing Rd. Linthicum, MD 21090 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Americaid Comm. Care Occupation: President Aggregate Year-to-Date > $250	2/29	$250
D. Randi Reichel 13211 Black Walnut Court Silver Spring, MD 20906 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AAHP Occupation: Exec. Director Aggregate Year-to-Date > $250	2/29	$250
E. George Renaudin, II One Galleria Blvd. Metairie, LA 70002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Ochsner Health Plan Occupation: VP Aggregate Year-to-Date > $250	3/1	$250
F. James Roosevelt, Jr. 333 Wyman St. Waltham, MA 02454 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tufts Health Plan Occupation: Senior VP Aggregate Year-to-Date > $ 250	3/1	$250
G. Louis Saccoccio 1434 Jerrold Place Crofton, MD 21114 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AAHP Occupation: General Counsel Aggregate Year-to-Date > $ 250	3/1	$250

SUBTOTAL of Receipts This Page (optional) $2,500

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

SCHEDULE A **ITEMIZED RECEIPTS**

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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. Amy Sheyer, 4425 Corporation Lane, Virginia Beach, VA	AMERIGROUP / VP	3/1	$250
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $250		
B. Marie Soldo, 2724 N. Tenaya Way, Las Vegas, NV 89128	Sierra Health / Executive VP	3/28	$1,000
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $1,000		
C. Greg Stupin, 21650 Oxnard St., Woodland Hills, CA 91367	Foundation Health Systems / VP	3/1	$250
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $250		
D. Lyle Swallow, JD, 50 Beale St., San Francisco, CA 94105	BS of CA / Assoc. Gen. Counsel	2/29	$250
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $250		
E. Kathryn Wilber, 127 Lastner Lane, Greenbelt, MD 20770	AAJP / Asst. Gen. Counsel	2/29	$250
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $250		
F. Diane Dennett, 3412 Q St., NW, Washington, DC 20007	AARP / Executive VP	3/21	$1,000
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $1,000		
G. Steve Zatkin, One Kaiser Plaza, Oakland, CA 94612	Kaiser Found. HP / Senior VP	3/1	$200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $200		

SUBTOTAL of Receipts This Page (optional) $3,200

TOTAL This Period (last page this line number only) $18,640

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. First 2000 4205 Hillsboro Rd. #306 Nashville, TN 37215	Fund raisier Disbursement for: Primary ✓ General Other (specify)	3/7/2000	$1,000
B. McCollum for US Senate Attn: Anne Ekern 1212 New York Ave., NW #350 Washington, DC 20005	Reception Disbursement for: Primary ✓ General Other (specify)	3/28/99	$1,000.00
C. Mike Bilirakis for Congress P.O. Box 1077 Tarpon Springs, FL 34688	Reception Disbursement for: Primary ✓ General Other (specify)	3/28/00	$1,000.00
D. JD Hayworth for Congress 10789 N 90th St., #102 Scottsdale, AZ 85260	Reception Disbursement for: Primary ✓ General Other (specify)	3/28/00	$1,000.00
E. Fletcher for Congress P.O. Box 4703 Lexington, KY 40544	Breakfast Disbursement for: Primary ✓ General Other (specify)	3/28/00	$500.00
F. Northrup for Congress P.O. Box 7313 Louisville, KY 40257	Fund raisier Disbursement for: Primary ✓ General Other (specify)	3/30/00	$1,000.00
G. American Express P.O. Box 53852 Phoenix, AZ 85072	Fees Disbursement for: Primary General Other (specify)	1/1-3/31/00	$98.01
H. Riggs National Bank 1913 Mass. Ave., NW Wasington, DC 20036	Fees Disbursement for: Primary General Other (specify)	1/1-3/31	$.99
I.	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) $5,599.00

FEBAN103

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 4/14/00
☐	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	

RBW — PREPARER

4/17/00 — DATE PREPARED

(4/98)