REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JAN 15 12 32 PM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Health Plan PAC

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

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day 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 11/26/96 through 12/31/96		
6. (a) Cash on Hand January 1, 19 96		$ $29,180.20
(b) Cash on Hand at Beginning of Reporting Period	$20,383.97	
(c) Total Receipts (from Line 19)	$ 1,950.00	$ 41,795.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$22,333.97	$ 70,975.20
7. Total Disbursements (from Line 30)	$(500.00)	$ 48,141.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$22,833.97	$ 22,833.97
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
Robert Borchardt

Signature of Treasurer

Date
1-14-97

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)

JPMAN135

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 11/26/96 TO: 12/31/96

	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)	1,950.00	39,795.00	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) ➤	1,950.00	39,795.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	0.00	2,000.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	1,950.00	41,795.00	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) ➤	1,950.00	41,795.00	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	0	379.19	21(a)(ii)
b. Other Federal Operating Expenditures	0	379.19	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	379.19	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	(500.00)	47,762.04	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) ➤	(500.00)	48,141.23	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)	1,950.00	41,795.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,950.00	41,795.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	379.19	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	379.19	37

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HEDULE 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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Dial 5984 North 9th Rd. Arlington, VA 22205	AAHP	12/10/96	$10.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $ 120.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Pisano 6820 Ridge Rd. Bethesda, MD 20817	AAHP	12/10/96	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Director Aggregate Year-to-Date > $ 600.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diana Dennett 2027 37th St, N.W. Washington, DC 20007	AAHP	12/10/96	-0-
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Vice President Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Stellar 209 8th St., S.E. Washington, DC 20003	AAHP	12/10/96	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive VP Aggregate Year-to-Date > $ 525.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Borchardt 17434 Avenleigh Dr. Ashton, MD 20861	AAHP	12/10/96	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: VP Finance Aggregate Year-to-Date > $ 600.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bonnie Hogue 3621 Newark St., NW #312 Washington, DC 20016	AAHP	12/10/96	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Director Health Policy Aggregate Year-to-Date > $ 100.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herb Schultz 2440 16th St., N.W. #422 Washington, DC 20009	AAHP	12/10/96	50/00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Direct State Advocacy Aggregate Year-to-Date > $ 600.00		

SUBTOTAL of Receipts This Page (optional) > $230.00

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

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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. Kathryn Wilbar 127 Lastner Lane Greenbelt, MD 20770 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AAHP Occupation: Asst. General Counsel Aggregate Year-to-Date > $15.00	12/10/96	$10.00
B. John Cattelan 1020 N. Stafford St. Arlington, VA 22201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AAHP Occupation: Grassroots Coordinator Aggregate Year-to-Date > $115.00	12/10/96	10.00
C. Julie Goon 1200 N. Veitch St. #1135 Arlington, VA 22201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AAHP Occupation: VP Public Affairs Aggregate Year-to-Date > $ 700.00	12/10/96	60.00
D. Richard Smith 9245 Seawind Court Columbia, MD 21045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AAHP Occupation: Vice Preside Health Policy Aggregate Year-to-Date > $ 260.00	12/10/96	40.00
E. Barbara Lardy 2811 Albermarle St., N.W. WAshington, DC 20036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AAHP Occupation: Program Manager Aggregate Year-to-Date > $ 440.00	12/10/96	40.00
F. Nicole Valentine 13252 Meander Cove Dr. Germantown, MD 20874 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AAHP Occupation: Washington Rep. Aggregate Year-to-Date > $ 115.00	12/10/96	10.00
G. David Siegel 264 Lakewood Dr. Bloomfield Hills, MI 48304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ~~BBBK~~ Health Alliance Plan Occupation: Vice President Aggregate Year-to-Date > $ 0	12/17/96	300.00

SUBTOTAL of Receipts This Page (optional) $470.00

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 OF

FOR LINE NUMBER

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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
Francine Parker 22700 Gordon Switch St. St. Clair Shores,.MI 48081	Health Alliance Plan	12/17/96	$300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President Aggregate Year-to-Date $ 0		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maurice McMurray 17127 Fairfield Detroit, MI 48221	Health Alliance Plant	12/17/96	$300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: VP & General Counsel Aggregate Year-to-Date $ 0		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Weaver Schwandt 2007 Rector Ct. Canton, MI 48188	Health Alliance Plan	12/17/96	$100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Public RElations Mgr. Aggregate Year-to-Date $ 0		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Hirt, Jr. 736 Lakepointe Grosse Pointe, MI 48230	Health Alliance Plan	12/17/96	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator Aggregate Year-to-Date $ 0		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Davis 25817 Hunt Club Blvd Farmington Hills, MI 48335	Health Alliance Plan	12/17/96	$300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: VP-Human Resources Aggregate Year-to-Date $ 0		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Johnson 23818 Hazen Southfield, MI 48034	Health Alliance Plan	12/17/96	$100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Assoc. Medical Director Aggregate Year-to-Date $ 0		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Colleen McClorey 17533 Hillcrest Livonia, MI 48152	Health Alliance Plan	12/17/96	$100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Attorney Aggregate Year-to-Date $ 0		

SUBTOTAL of Receipts This Page (optional)	$1,250.00
TOTAL This Period (last page this line number only)	$1,950.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends for Franks P.O. Box 2743 Waterbury, CT 06723	Check returned (Contribution) Disbursement for: [ ] Primary [X] General [ ] Other (specify)	12/96	(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) .....

TOTAL This Period (last page this line number only) ..... ($500.00)

FEBAN 135

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 1/14/97
☐	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

J.A.Q.
PREPARER

1/15/97
DATE PREPARED

FEC FORM 70-2 (10/92)