REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

OCT 3 11 45 AM '96

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: July 1, 1996 through Sept. 30, 1996		
6. (a) Cash on Hand January 1, 19 96		$ $29,180.20
(b) Cash on Hand at Beginning of Reporting Period	$ 23,746.78	
(c) Total Receipts (from Line 19)	$ 10,725.00	$ 30,875.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 34,471.78	$ 60,055.20
7. Total Disbursements (from Line 30)	$ 21,557.81	$ 47,141.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 12,913.97	$ 12,913.97
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 202-219-3420

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 O. Borchardt

Signature of Treasurer

Date
10/2/96

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 9/93)

FE6AN069

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 July 1, 1996 TO: Sept. 30, 1996

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	9,725.00	28,875.00	
i. Itemized (use Schedule A)			11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) ➤	9,725.00	28,875.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	1,000.00	2,000.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	10,725.00	30,875.00	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) ➤	10,725.00	30,875.00	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	57.81	379.19	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	57.81	379.19	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	21,500.00	46,762.04	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) ➤	21,557.81	47,141.23	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)	10,725.00	30,875.00	32
33. Total Contribution Refunds (from line 28d)	--	--	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,725.00	30,875.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	57.81	379.19	35
36. Offsets to Operating Expenditures (from line 15)	--	--	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	57.81	379.19	37

FEDRNote

HEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Thomas Dial 5984 North 9th Rd. Arlington, VA 22205 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Manager Aggregate Year-to-Date: $ 80.00	8/29/96	$20.00
B. Susan Pisano 8820 Ridge Rd. Bethesda, MD 20817 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Director Aggregate Year-to-Date: $ 400.00	8/29/96	100.00
C. Diana Dennett 2027 37th St, N.W. Washington, DC 20007 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Executive Vice President Aggregate Year-to-Date: $ 550.00	8/29/96	160.00
D. Charles Stellar 209 8th St., S.E. Washington, DC 20003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Executive VP Aggregate Year-to-Date: $ 325.00	8/29/96	100.00
E. Robert Borchardt 17434 Avenleigh Dr. Ashton, MD 20861 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: VP Finance Aggregate Year-to-Date: $ 400.00	8/29/96	100.00
F. George Carneal 1104 Jonquil Circle Great Falls, VA 22066 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: VP Legal Affairs Aggregate Year-to-Date: $ 110.00	8/29/96	10.00
G. Barb Schultz 2440 16th St., N.W. #422 Washington, DC 20009 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AAHP Occupation: Direct State Advocacy Aggregate Year-to-Date: $ 400.00	8/29/96	100.00

SUBTOTAL of Receipts This Page (optional) $590.00

TOTAL This Period (last page this line number only)

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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. Kathryn Wilber 127 Lastner Lane Greenbelt, MD 20770 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP Occupation: Asst. General Counsel Aggregate Year-to-Date: $75.00	8/29/96	$20.00
B. John Cattelan 1020 N. Stafford St. Arlington, VA 22201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP Occupation: Grassroots Coordinator Aggregate Year-to-Date: $75.00	8/29/96	20.00
C. Julie Goon 1200 N. Veitch St. #1135 Arlington, VA 22201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP Occupation: VP Public Affairs Aggregate Year-to-Date: $460.00	8/29/96	120.00
D. Stan Nelson 1589 S. Barton St. Arlington, VA 22204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP Occupation: Grassroots Coordinator Aggregate Year-to-Date: $140.00	8/29/96	20.00
E. Barbara Lardy 2811 Albermarle St., N.W. Washington, DC 20036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP Occupation: Program Manager Aggregate Year-to-Date: $280.00	8/29/96	80.00
F. Nicole Valentine 13252 Meander Cove Dr. Germantown, MD 20874 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP Occupation: Washington Rep. Aggregate Year-to-Date: $75.00	8/29/96	20.00
G. Phillip Blando 7105 46th St. Chevy CHase, MD 20815 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAHP Occupation: Legislative Specialist Aggregate Year-to-Date: $55.00	8/29/96	5.00

SUBTOTAL of Receipts This Page (optional) 285.00

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
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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. Dr. Myra Snyder, 1201 K Street #750, Sacramento, CA 95814-	California Association / Executive Director	7/8/96	$150.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 0		
B. Clyde Oden, 3405 W. Imperial Highway, Inglewood, CA 90303	United Health Plan / President	7/8/96	150.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ $1,150.00		
C. Kathy Mulston, 5 N. Princeton Dr., Huntington, CT 06484	PHS / Vice President	7/26/96	200.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 0		
D. Laura Pasquale, 3 Wilton Hills Road, Wilton, CT 06897	Physician Health Services / Vice President	7/26/96	200.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 0		
E. Stanley Stier, 122 Maple Vale Dr., Woodbridge, CT 06525	Physician Health Ser. / Medical Director	7/26/96	300.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 0		
F. Richard O'Connor, 37 Otter Trail, Westport, CT 06880	Physicians Health Ser. / Senior Med. Director	7/18/96	400.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 0		
G. Regina M. Campbell, 10 Woodcock Lane, Westport, CT 06880	Physicians Health Services / Attorney	7/18/96	400.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 0		

SUBTOTAL of Receipts This Page (optional)	$1,800.00
TOTAL This Period (last page this line number only)	

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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. Barbara Kram 5296 Madison Ave. Trumbull, CT 06611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Physician Health Services Occupation: Public Relations Aggregate Year-to-Date > $ 0	7/18/96	$100.00
B. Robert Natt 51 Tuckahoe Rd. Easton, CT 06612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Physician Health Services Occupation: Executive Aggregate Year-to-Date > $ 0	7/18/96	250.00
C. James Elrod, Jr. 4 Meadow Road Riverside, CT 06878 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Physician Health Services Occupation: Executive Aggregate Year-to-Date > $ 0	7/18/96	400.00
D. Ann Brookshire 362 South Ave. New Canaan, CT 06840 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Physicians Health SErvices Occupation: Vice President Aggregate Year-to-Date > $ 0	7/18/96	200.00
E. Nancy Yedlin 35 Bellevue Rd. New Have, CT 06511 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Physician Health Services Occupation: VP Customer Relations Aggregate Year-to-Date > $ 0	7/18/96	100.00
F. Amy Rich 594 Hawkins Rd. Orange, CT 06477 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Physician Health Services Occupation: VP Research Aggregate Year-to-Date > $ 0	7/18/96	200.00
G. Judith Hom 180 Sturges Rd. Fairfield, CT 06430 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Physicians Health Services Occupation: Executive Director Aggregate Year-to-Date > $ 0	7/18/96	250.00

SUBTOTAL of Receipts This Page (optional) $1,500.00

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. Lauren Casalveri 3 Hidden Pond Lane Shelton, CT 06484 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Physicians Health Services VP Government Programs Aggregate Year-to-Date $ 0	7/18/96	$300.00
B. Simon Rosenstein 125 Pearl St Westfield, NJ 07090 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Physicians Health Services Medical Director Aggregate Year-to-Date $ 0	7/31/96	200.00
C. Ronald Hjelm 6 Holly Place Wilton, CT 06897 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Physicians Health Services Manager Aggregate Year-to-Date $ 0	8/1/96	500.00
D. K.G. Rimmer 1600 Fisher Bldg. Detroit, MI 48202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Total Health Care Executive Director Aggregate Year-to-Date $ 0	9/9/96	200.00
E. Kim Arnowitt 1740 W. Barry Ave. Chicago, IL 60657 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Humana Attorney Aggregate Year-to-Date $ 0	8/21/96	100.00
F. FHP Inc. Health Serv. PAC 9900 Talbert Ave. Fountain Valley, CA 92708 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	FHP Occupation Aggregate Year-to-Date $ 0	8/21/96	1,000.00
G. Dr. Harris Berman 91 Pickwick Rd. West Newton, MA 02165 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tufts Health Plan President Aggregate Year-to-Date $ 0	8/21/96	1,000.00

SUBTOTAL of Receipts This Page (optional) $3,300.00

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. Donald Matz 46 Windward Lane Chagin Falls, OH 44023 Receipt For: Primary General Other (specify):	QualCHoice Health Health Plan Occupation: Director Marketing Aggregate Year-to-Date $ 0	9/3/96	$50.00
B. G. Michael Hammes 1802 56th St Ct. Moline, IL 61265 Receipt For: Primary General Other (specify):	John Deere Health Care Occupation: Sr. Vice President Aggregate Year-to-Date $ 0	9/3/96	250.00
C. Marcus A. Merz 1 Spring Marsh Lane North Oaks, MN 55127 Receipt For: Primary General Other (specify):	Preferred One Occupation: President Aggregate Year-to-Date $ 0	9/17/96	1,000.00
D. Andrew Morrison 26565 West Agoura Rd. Calabasas, CA 21302 Receipt For: Primary General Other (specify):	UniCare Occupation: Director of Regulations Aggregate Year-to-Date $ 0	7/24/96	$150.00
E. Patricia Douglass 2068 Dublin Dr. Glendale, CA 91206 Receipt For: Primary General Other (specify):	PacifiCare Occupation: Dir. Gov't Relations Aggregate Year-to-Date $ 200.00	7/24/96	150.00
F. Debra Oberman P.O. Box 64560 St. Paul, MN 55164 Receipt For: Primary General Other (specify):	BC/BS of Minnesota Occupation: Admin. Public RElations Aggregate Year-to-Date $ $175.00	7/24/96	125.00
G. Neil Schlackman 980 Jolly Rd. Blue Bell, PA Receipt For: Primary General Other (specify):	US HealthCare Occupation: Medical Director Aggregate Year-to-Date $ 0	7/24/96	150.00

SUBTOTAL of Receipts This Page (optional) $1,875.00

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

A. 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
George Isham 3105 E 80th St. Bloomington, MN Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Partners, Inc. Occupation: Medical Director Aggregate Year-to-Date $ 0	7/24/96	$1,275.00
B. 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**
Richard Smith 9245 Seawind Court Columbia, MD 21045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AABP Occupation: VP Health Policy Aggregate Year-to-Date $ 0	8/29/96	100.00
C. 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**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. 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**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. 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**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. 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**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. 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**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	$1,375.00
TOTAL This Period (last page this line number only)	$10,725.00

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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. Friends for Franks P.O. Box 2743 Waterbury, CT 06723	Contribution	8/1/96	$500.00
B. Burr for Congress P.O. Box 5732 Winston-Salem, NC 27113	Contribution	8/1/96	500.00
C. Deal for Congress P.O. Box 902 Gainesville, GA 30503	Contribution	8/1/96	500.00
D. Brian Bilbray for Congress 4202 Genesee Ave. #102 San Diego, CA 92117	Contribuitons	8/1/96	500.00
E. Friends for Rick White P.O. Box 8156 Kirkland, WA 98034	Contribution	8/1/96	500.00
F. Ed Whitfield for Congress P.O. Box 391 Hopkinsville, KY 42241	Contribuiton	8/1/96	500.00
G. Rangel for Congress Committee 635B Penn. Ave., S.E. Washington, DC 20003	Dinner	8/1/96	$1,500.00
H. Jim Ramstad Volunteer Committee 8100 Penn. Ave., South #104 Bloomington, MN 55431	Dinner	8/1/96	$1,000.00
I. Paxon for Congress P.O. Box 69 Victor, NY 14564	Contribution	8/12/96	$1,000.00

SUBTOTAL of Disbursements This Page (optional) $6,500.00

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

FE6A(Rev)

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	Date (month, day, year)	Amount of Each Disbursement This Period
A. Americpac 601 13th St., N.W. #710 Washington, DC 20005	Fundraiser for Congressman Moyer Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/23/96	$2,000.00
B. Friends for Cliff Stearns P.O. Box 308 Silver Springs, FL 34489	Industry Breakfast Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/16/96	$500.00
C. Friends of Jennifer Dunn P.O. Box 40110	Industry dinner Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/16/96	500.00
D. Klug for Congress P.O. Box 5619 Madison, WI 53705	Industry lunch Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/16/96	500.00
E. Boucher for Congress P.O. Box 2474 Washington, DC 20013	Dinner Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/16/96	500.00
F. Anna Eshoo for Congress 555 Bryant St P.O. Box 335 Palo Alto, CA 94301	Breakfast Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/16/96	500.00
G. Friends of Phil Gramm 201 North Union St. #520 Alexandria, VA 22314	Receiption Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/27/96	1,000.00
H. Bonior for Congress P.O. Box 75214 Washington, DC 20013	Receiption Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/27/96	1,000.00
I. McNulty for Congress Committee P.O. Box 75214 Washington, DC 20013	Reception Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/27/96	1,000.00

SUBTOTAL of Disbursements This Page (optional)	$7,500.00
TOTAL This Period (last page this line number only)	

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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	Date (month, day, year)	Amount of Each Disbursement This Period
A. Bill Thomas Campaign Comm. P.O. Box 23175 Washington, DC 20026	Breakfast Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/27/96	1,000.00
B. Hastert for Congress Comm. 6344 Cavalier Corridor Falls Church, VA 22044	Reception Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/27/96	1,000.00
C. Congressman Joe Barton Comm. P.O. Box 1444 Ennis, TX 75120	Fundraiser Dinner Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/27/96	1,000.00
D. Capitol PAC 9115 Westholme Way Vienna, VA 22182	Fundraiser Breakfast Orrin Hatch Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/27/96	1,000.00
E. DeLay for Congress 10707 Corporate Dr. #130 Stafford, TX 77477	Dinner Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/27/96	1,000.00
F. Earl Pomeroy for Congress P.O. Box 75214 Washington, DC 20013	Breakfast Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/27/96	1,000.00
G. Peter Deutsch for Congress P.O. Box 817689 Hollywood, FL 33081	Reception Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/27/96	1,000.00
H. Stenholm for Congress Comm. P.O. Box 1032 Stanford, TX 79553	Breakfast Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/27/96	500.00
I. Riggs National Bank Washington, DC	Bank fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/30/96	57.81

SUBTOTAL of Disbursements This Page (optional)	$7,557.81
TOTAL This Period (last page this line number only)	$21,557.81

FE8AN060

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 10-1-96
☐	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

SEB

PREPARER

10-3-96

DATE PREPARED

FEC FORM 70-2 (12/92)