01/31/2002 10 : 45

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

ADDRESS (number and street) ▼ 1129 20TH STREET NW #600

Check if different than previously reported. (ACC)

WASHINGTON | DC | 20036 –

2. **FEC IDENTIFICATION NUMBER** ▼ C00106740

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT X NEW (N) **OR** AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- X January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on in the State of

(d) 30-Day **P**ost -Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 07 01 2001 through 12 31 2001

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 Electronically Filed by Robert Borchardt Date 01 31 2002

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only			**FEC FORM 3X** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name

HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

Report Covering the Period: From: 07 01 2001 To: 12 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		1638.25
(b) Cash on Hand at Begining of Reporting Period	29487.26	
(c) Total Receipts (from Line 19)	30725.00	96681.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	60212.26	98319.25
7. Total Disbursements (from Line 30)	30201.75	68308.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30010.51	30010.51
9. Debts and Obligations owed **TO** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed **BY** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

Write or Type Committee Name

HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

Report Covering the Period: From: 07 01 2001 To: 12 31 2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6575.00	
(ii) Unitemized	3150.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	9725.00	70681.00
(b) Political Party Committees	21000.00	26000.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ..... ▶	30725.00	96681.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	30725.00	96681.00
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	30725.00	96681.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	30000.00	67500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	201.75	808.74
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	30201.75	68308.74
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	30201.75	68308.74
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	30725.00	96681.00
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	30725.00	96681.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 20

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial): Bruce Bodaken
Mailing Address: 1B Turtle Rock Ct.
City: Tiburon State: CA Zip Code: 94920
FEC ID number of contributing federal political committee.
Name of Employer: Blue Shield of CA
Occupation: President
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 11 15 2001
Amount of Each Receipt this Period: 1000.00
contribution
Transaction ID: SA11A1.4577

B.
Full Name (Last, First, Middle Initial): Robert Borchardt
Mailing Address: 17434 Avenleigh Dr.
City: Ashton State: MD Zip Code: 20861
FEC ID number of contributing federal political committee.
Name of Employer: AAHP
Occupation: VP of Finance
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00
Date of Receipt: 12 21 2001
Amount of Each Receipt this Period: 325.00
contribution
Transaction ID: SA11A1.4584

C.
Full Name (Last, First, Middle Initial): Dr. Philip Boutler
Mailing Address: 25 Drummer Boy Way
City: Lexington State: MA Zip Code: 02420
FEC ID number of contributing federal political committee.
Name of Employer: Tufts Health Plan
Occupation: Senior VP
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 08 08 2001
Amount of Each Receipt this Period: 350.00
contribution
Transaction ID: SA11A1.4533

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1675.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 / 20

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial): Kevin Counihan
Mailing Address: 58 Cliff Rd.
City: Wellesley Hills State: MA Zip Code: 02481
FEC ID number of contributing federal political committee.
Name of Employer: Tufts Health Plan
Occupation: Senior VP
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 350.00
contribution
Transaction ID: SA11A1.4573

B.
Full Name (Last, First, Middle Initial): Julie Goon
Mailing Address: 4521 4th Road N
City: Arlington State: VA Zip Code: 22203
FEC ID number of contributing federal political committee.
Name of Employer: AAHP
Occupation: VP Public Affairs
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 2220.00
Date of Receipt: 12 21 2001
Amount of Each Receipt this Period: 420.00
Transaction ID: SA11A1.4670

C.
Full Name (Last, First, Middle Initial): Richard Hallworth
Mailing Address: 4 Dana Road
City: Boxford State: MA Zip Code: 01921
FEC ID number of contributing federal political committee.
Name of Employer: Tufts Health Plan
Occupation: Senior VP
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 08 08 2001
Amount of Each Receipt this Period: 350.00
contribution
Transaction ID: SA11A1.4531

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 / 20

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A. Full Name (Last, First, Middle Initial): Jon Kingsdale
Mailing Address: 131 Dunster Road
City: Jamaica Plain State: MA Zip Code: 02130
FEC ID number of contributing federal political committee.
Name of Employer: Tufts Health Plan
Occupation: Senior VP
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 08 08 2001
Amount of Each Receipt this Period: 350.00
contribution
Transaction ID: SA11A1.4523

B. Full Name (Last, First, Middle Initial): Nancy Leaming
Mailing Address: 30 Constellation Wharf
City: Charlestown State: MA Zip Code: 02129
FEC ID number of contributing federal political committee.
Name of Employer: Tufts Health Plan
Occupation: COO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 08 08 2001
Amount of Each Receipt this Period: 500.00
contribution
Transaction ID: SA11A1.4539

C. Full Name (Last, First, Middle Initial): William McCallum
Mailing Address: 8515 E. Orchard Rd.
City: Englewood State: CO Zip Code: 80111
FEC ID number of contributing federal political committee.
Name of Employer: Great West
Occupation: President/CEO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 11 15 2001
Amount of Each Receipt this Period: 1000.00
contribution
Transaction ID: SA11A1.4575

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1850.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 8 / 20

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial): Susan Pisano
Mailing Address: 5510 Lincoln St
City: Bethesda State: MD Zip Code: 20817
FEC ID number of contributing federal political committee.
Name of Employer: AAHP
Occupation: VP
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1440.00
Date of Receipt: 12 21 2001
Amount of Each Receipt this Period: 840.00
contribution
Transaction ID: SA11A1.4583

B.
Full Name (Last, First, Middle Initial): James Roosevelt, Jr.
Mailing Address: 333 Wyman St.
City: Waltham State: MA Zip Code: 02454
FEC ID number of contributing federal political committee.
Name of Employer: Tufts Health Plan
Occupation:
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 08 08 2001
Amount of Each Receipt this Period: 100.00
contribution
Transaction ID: SA11A1.4520

C.
Full Name (Last, First, Middle Initial): Richard Smith
Mailing Address: 6500 Ranging Hills Gate
City: Columbia State: MD Zip Code: 21044
FEC ID number of contributing federal political committee.
Name of Employer: AAHP
Occupation: VP
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 12 21 2001
Amount of Each Receipt this Period: 150.00
contribution
Transaction ID: SA11A1.4587

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1090.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 9 / 20

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial): Patricia Trebino
Mailing Address: 142 Manning St.
City: Needham State: MA Zip Code: 02494
FEC ID number of contributing federal political committee.
Name of Employer: Tufts Health Plan
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 08 08 2001
Amount of Each Receipt this Period: 350.00
contribution
Transaction ID: SA11A1.4507

B.
Full Name (Last, First, Middle Initial): Mark Van Koevering
Mailing Address: 236 Manor Circle
City: Takoma Park State: MD Zip Code: 20912
FEC ID number of contributing federal political committee.
Name of Employer: AAHP
Occupation: Deputy Director
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 12 21 2001
Amount of Each Receipt this Period: 140.00
contribution
Transaction ID: SA11A1.4586

C.
Full Name (Last, First, Middle Initial): Dr. Bruce Wilson
Mailing Address: 2775 Crossroads Blvd.
City: Grand Junction State: CO Zip Code: 81506
FEC ID number of contributing federal political committee.
Name of Employer: Rocky Mountain HMO
Occupation: Medical Directo
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 11 08 2001
Amount of Each Receipt this Period: 350.00
contribution
Transaction ID: SA11A1.4579

SUBTOTAL of Receipts This Page (optional) ..... ▶ **840.00**

TOTAL This Period (last page this line number only) ..... ▶ **6575.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 10 / 20

☐ 11a ☒ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial): BLUE SHIELD OF CALIFORNIA
Mailing Address: 50 BEALE STREET
City: SAN FRANCISCO State: CA Zip Code: 94105
FEC ID number of contributing federal political committee: C00340364
Name of Employer:
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 11 08 2001
Amount of Each Receipt this Period: 5000.00
contribution
Transaction ID: SA11B.4593

B.
Full Name (Last, First, Middle Initial): GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY POLITICAL ACTION COMMITTEE
Mailing Address: 8515 E ORCHARD ROAD
City: ENGLEWOOD State: CO Zip Code: 80111
FEC ID number of contributing federal political committee: C00263723
Name of Employer:
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 12 13 2001
Amount of Each Receipt this Period: 5000.00
contribution
Transaction ID: SA11B.4595

C.
Full Name (Last, First, Middle Initial): INDEPENDENT HEALTH ASSOCIATION INC POLITICAL ALLIANCE
Mailing Address: 2495 KENSINGTON AVENUE
City: BUFFALO State: NY Zip Code: 14226
FEC ID number of contributing federal political committee: C00323758
Name of Employer:
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10 09 2001
Amount of Each Receipt this Period: 5000.00
contribution
Transaction ID: SA11B.4598

SUBTOTAL of Receipts This Page (optional) ..... ▶ **15000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 11 / 20

☐ 11a ☒ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial)
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE
Mailing Address
711 HIGH ST/TAX DEPT
City: DES MOINES State: IA Zip Code: 50392
FEC ID number of contributing federal political committee: C00128918
Name of Employer:
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 07 10 2001
Amount of Each Receipt this Period: 2000.00
contribution
Transaction ID: SA11B.4602

B.
Full Name (Last, First, Middle Initial)
SIERRA HEALTH SERVICES POLITICAL ACTION COMMITTEE (SHSPAC)
Mailing Address
PO BOX 15645
City: LAS VEGAS State: NV Zip Code: 89114
FEC ID number of contributing federal political committee: C00295360
Name of Employer:
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 4000.00
Date of Receipt: 07 03 2001
Amount of Each Receipt this Period: 4000.00
contribution
Transaction ID: SA11B.4600

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶ **6000.00**

TOTAL This Period (last page this line number only) ..... ▶ **21000.00**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial)
ADAM SMITH FOR CONGRESS

Mailing Address
777 N. Capitol St., NE #410
City: Washington State: DC Zip Code: 20002

Purpose of Disbursement
Fundraiser 11/15/01

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: WA District: 09

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
11 / 20 / 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4661

B.
Full Name (Last, First, Middle Initial)
America's Foundation

Mailing Address
128 North Columbus St.
City: Alexandria State: VA Zip Code: 22314

Purpose of Disbursement
Fundraiser 11/8/01

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
11 / 01 / 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4640

C.
Full Name (Last, First, Middle Initial)
AMERICAN SUCCESS POLITICAL ACTION COMMITTEE

Mailing Address
1155 21ST STREET NW SUITE 300
City: WASHINGTON State: DC Zip Code: 20036

Purpose of Disbursement
Luncheon

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
10 / 02 / 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4611

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial)
ANNE NORTHUP FOR CONGRESS

Mailing Address
PO BOX 7313
City: LOUISVILLE State: KY Zip Code: 40257

Purpose of Disbursement
Breakfast 10/3/01

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: KY District: 03

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 10 / 02 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4621

B.
Full Name (Last, First, Middle Initial)
BAYOU LEADER POLITICAL ACTION COMMITTEE

Mailing Address
524 FORT WILLIAMS PARKWAY
City: ALEXANDRIA State: VA Zip Code: 22304

Purpose of Disbursement
Dinner 10/11/01

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 10 / 12 / 2001

Amount of Each Disbursement this Period: 1500.00

Transaction ID: SB23.4630

C.
Full Name (Last, First, Middle Initial)
CAMPAC

Mailing Address
600 14th Street, NW 5th Floor
City: Washington State: DC Zip Code: 20005

Purpose of Disbursement
Fundraiser 10/15/01

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 10 / 12 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4635

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial)
COLLINS FOR SENATOR

Mailing Address
PO BOX 1096
City: BANGOR State: ME Zip Code: 04402

Purpose of Disbursement
Fundraiser12/12/01

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: ME District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 12 / 14 / 2001

Amount of Each Disbursement this Period: 3000.00

Transaction ID: SB23.4658

B.
Full Name (Last, First, Middle Initial)
CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address
8885 WILSHIRE BLVD #220
City: BEVERLY HILLS State: CA Zip Code: 90211

Purpose of Disbursement
Cocktail Reception 7/26/01

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: CA District: 29

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 07 / 25 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4609

C.
Full Name (Last, First, Middle Initial)
DOOLEY FOR CONGRESS

Mailing Address
PO Box 109
City: Fresno State: CA Zip Code: 93709

Purpose of Disbursement
Fundraiser 11/5/01

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: CA District: 20

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 11 / 09 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4646

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial)
EARL POMEROY FOR CONGRESS

Mailing Address
POST OFFICE BOX 75214
City: Washington
State: DC
Zip Code: 20013

Purpose of Disbursement
Reception

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: ND District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 10 / 02 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.461B

B.
Full Name (Last, First, Middle Initial)
FLETCHER FOR CONGRESS

Mailing Address
860 Corporate Drive #301
City: LEXINGTON
State: KY
Zip Code: 40503

Purpose of Disbursement
Fundraiser 10/02/01

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: KY District: 06

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 10 / 02 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4681

C.
Full Name (Last, First, Middle Initial)
FLETCHER FOR CONGRESS

Mailing Address
860 Corporate Drive #301
City: LEXINGTON
State: KY
Zip Code: 40503

Purpose of Disbursement
Fundraiser 10/23/01

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: KY District: 06

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 10 / 18 / 2001

Amount of Each Disbursement this Period: 1500.00

Transaction ID: SB23.4682

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial)
FRIENDS OF KENT CONRAD

Mailing Address
PO BOX 812
City: BISMARCK State: ND Zip Code: 58502

Purpose of Disbursement
Fundraiser 11/5/01

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: ND District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 11 / 05 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4642

B.
Full Name (Last, First, Middle Initial)
HEATHER WILSON FOR CONGRESS

Mailing Address
PO BOX 14070
City: ALBUQUERQUE State: NM Zip Code: 87191

Purpose of Disbursement
Fundraiser11/20/01

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: NM District: 01

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 11 / 20 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4652

C.
Full Name (Last, First, Middle Initial)
HUTCHINSON FOR SENATE

Mailing Address
P.O. Box 1150
City: Little Rock State: AR Zip Code: 72202

Purpose of Disbursement
Luncheon w/Senator Tim Hutchinson

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: AR District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 10 / 02 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4617

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial)
JUDY BIGGERT FOR CONGRESS

Mailing Address
PO BOX 637
City: HINSDALE State: IL Zip Code: 60522

Purpose of Disbursement
Fundraiser 10/23/01

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: IL District: 13

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 10 / 24 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4638

B.
Full Name (Last, First, Middle Initial)
KEEP OUR MAJORITY POLITICAL ACTION COMMITTEE (KOMPAC)

Mailing Address
POST OFFICE BOX 20209
City: ALEXANDRIA State: VA Zip Code: 22320

Purpose of Disbursement
Fundraiser 12/13/01

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 12 / 11 / 2001

Amount of Each Disbursement this Period: 2000.00

Transaction ID: SB23.4656

C.
Full Name (Last, First, Middle Initial)
Nancy Johnson for Congress

Mailing Address
4451 Brookfield Corporate Dr. #200
City: Chantilly State: VA Zip Code: 20151

Purpose of Disbursement
Fundraiser 11/8/01

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: CT District: 06

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 11 / 09 / 2001

Amount of Each Disbursement this Period: 2000.00

Transaction ID: SB23.4648

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.
Full Name (Last, First, Middle Initial)
NATIONAL LEADERSHIP PAC
Mailing Address
PO BOX 5577
City: NEW YORK State: NY Zip Code: 10027
Purpose of Disbursement
Reception 10/3/01
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 10/02/2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: SB23.4629

B.
Full Name (Last, First, Middle Initial)
NEXT CENTURY FUND
Mailing Address
116 S ROYAL STREET
City: ALEXANDRIA State: VA Zip Code: 22314
Purpose of Disbursement
Fundraiser 12/12/01
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 12/11/2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: SB23.4654

C.
Full Name (Last, First, Middle Initial)
TEXAS FREEDOM FUND
Mailing Address
PO BOX 6136
City: ALEXANDRIA State: VA Zip Code: 22306
Purpose of Disbursement
Dinner 10/9/01
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 10/12/2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: SB23.4632

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A. Full Name (Last, First, Middle Initial)
THURMAN FOR CONGRESS COMMITTEE

Mailing Address
3610 38th St., NW #F270
City: Washington State: DC Zip Code: 20016

Purpose of Disbursement
Fundraiser 10/23/01

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: FL District: 05

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 11 / 20 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4650

B. Full Name (Last, First, Middle Initial)
TORRICELLI FOR U S SENATE

Mailing Address
700 13TH STREET, NW
City: WASHINGTON State: DC Zip Code: 20005

Purpose of Disbursement
Fundraiser 11/2/01

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: NJ District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 11 / 05 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4644

C. Full Name (Last, First, Middle Initial)
VOLUNTEER PAC

Mailing Address
2000 Glen Echo Road Suite 107
City: Nashville State: TN Zip Code: 37215

Purpose of Disbursement
Fundraiser for Sen. Bill Frist

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 07 / 19 / 2001

Amount of Each Disbursement this Period: 2000.00

Transaction ID: SB23.4607

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4000.00**

TOTAL This Period (last page this line number only) ..... ▶ **30000.00**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A.

Full Name (Last, First, Middle Initial)
Riggs National Bank

Mailing Address
1913 Mass. Ave., NW

City: Washington
State: DC
Zip Code: 20036

Purpose of Disbursement
Bank fees & CC Fees

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
12 31 2001

Amount of Each Disbursement this Period
201.75

Transaction ID: SB29.4666

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**201.75**
TOTAL This Period (last page this line number only) ..... ▶	**201.75**