

**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 #800
Check if different than previously reported. (ACC) WASHINGTON DC 20036

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00106740 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	July 15 Quarterly Report(Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
	October 15 Quarterly Report(Q3)				
	January 31 Quarterly Report(YE)				
	X July 31 Mid-Year Report(Non-election Year Only) (MY)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)
	Termination Report (TER)		Convention (12C)	Special (12S)	
		Election on			in the State of
		(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
		Election on			in the State of

5. Covering Period 01 01 2001 through 06 30 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 07 30 2001

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

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: ^h01 ^d01 ^y2001 To: ^h06 ^d30 ^y2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2001		1638.25
(b) Cash on Hand at Beginning of Reporting Period	1638.25	
(c) Total Receipts (from Line 19)	65956.00	65956.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	67594.25	67594.25
7. Total Disbursements (from Line 30)	38106.99	38106.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29487.26	29487.26
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 800-426-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

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: ^{MM}01 ^{DD}01 ^{YYYY}2001 To: ^{MM}06 ^{DD}30 ^{YYYY}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)	54466.00	
(ii) Unitemized	6490.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	60956.00	60956.00
(b) Political Party Committees	5000.00	5000.00
(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)	65956.00	65956.00
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)	65956.00	65956.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	65956.00	65956.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

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.....	37500.00	37500.00
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.....	606.99	606.99
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	38106.99	38106.99
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	38106.99	38106.99
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	65956.00	65956.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	65956.00	65956.00
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 / 50

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

Full Name (Last, First, Middle Initial)

A. Stuart Abman

Mailing Address

415 South St.

City

Waltham

State

MA

Zip Code

02454

Date of Receipt

N M / D E / Y Y Y Y
06 / 29 / 2001

Amount of Each Receipt this Period

400.00

FEC ID number of contributing federal political committee.

Name of Employer
Brandies University

Occupation
Professor

contribution

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: SA11A1.4471

Full Name (Last, First, Middle Initial)

B. George Atkins

Mailing Address

221 N. Pitt St.

City

Alexandria

State

VA

Zip Code

22314

Date of Receipt

N M / D E / Y Y Y Y
02 / 22 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Health Reform Strategies

Occupation
Principal

contribution

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.4369

Full Name (Last, First, Middle Initial)

C. George Atkins

Mailing Address

221 N. Pitt St.

City

Alexandria

State

VA

Zip Code

22314

Date of Receipt

N M / D E / Y Y Y Y
06 / 29 / 2001

Amount of Each Receipt this Period

200.00

FEC ID number of contributing federal political committee.

Name of Employer
Health Reform Strategies

Occupation
Principal

amex

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: SA11A1.4473

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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 / 50

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Catherine Ayers

Mailing Address

6222 NW 19th Pl.

City

State

Zip Code

Gainesville

FL

32605

Date of Receipt

N M / D E / Y Y Y Y
03 / 12 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
AvMed Health Plan

Occupation
VP

Contribution

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4259

Full Name (Last, First, Middle Initial)

B. Katherine Bekhic

Mailing Address

650 Poydras St #1150

City

State

Zip Code

New Orleans

LA

70130

Date of Receipt

N M / D E / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
American LIFECARE

Occupation
VP

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.4130

Full Name (Last, First, Middle Initial)

C. Melvin Benson

Mailing Address

253 Summer St

City

State

Zip Code

Boston

MA

02210

Date of Receipt

N M / D E / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Neighborhood Health Plan

Occupation
VP

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.4239

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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: PAGE 7 / 50

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	17
	13		14		15		16		

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Harris Berman

Mailing Address

333 Wyman St.

P.O. Box 9112

City

Waltham

State

MA

Zip Code

02254

Date of Receipt

N M / D E / Y Y Y Y
0 2 / 2 8 / 2 0 0 1

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Tufts Health Plan

Occupation

Chairman & CEO

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.4144

Full Name (Last, First, Middle Initial)

B. Adrienne Biggert

Mailing Address

323 Second St., SE

City

Washington

State

DC

Zip Code

20003

Date of Receipt

N M / D E / Y Y Y Y
0 2 / 2 8 / 2 0 0 1

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
AAHP

Occupation

Director

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.4127

Full Name (Last, First, Middle Initial)

C. Camela Bocchino

Mailing Address

820 S. Fairfax St.

City

Alexandria

State

VA

Zip Code

22314

Date of Receipt

N M / D E / Y Y Y Y
0 2 / 2 8 / 2 0 0 1

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
AAHP

Occupation

VP

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.4152

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 50

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Carmela Bocchino

Mailing Address

820 S. Fairfax St.

City

Alexandria

State

VA

Zip Code

22314

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 0 / 2 0 0 1

Amount of Each Receipt this Period

400.00

FEC ID number of contributing federal political committee.

Name of Employer
AAHP

Occupation
VP

amex

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Transaction ID: SA11A1.4474

Full Name (Last, First, Middle Initial)

B. Frank Branchini

Mailing Address

441 9th Ave.

City

New York

State

NY

Zip Code

10001

Date of Receipt

N M / D E / Y Y Y Y
0 2 / 2 0 / 2 0 0 1

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Group Health Inc.

Occupation
President/CEO

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.4179

Full Name (Last, First, Middle Initial)

C. Steven Champin

Mailing Address

2100 Penn. Ave., NW #500

City

Washington

State

DC

Zip Code

20037

Date of Receipt

N M / D E / Y Y Y Y
0 2 / 2 0 / 2 0 0 1

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
The Duberstein Group

Occupation
Vice President

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4113

SUBTOTAL of Receipts This Page (optional) ► **1900.00**

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 / 50	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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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)
Howard Cohen

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Mailing Address
800 Conn. Ave., NW #50D

City State Zip Code
Washington DC 20036

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Greenberg & Traurig Shareholder

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

250.00

Transaction ID: SA11A1.4215

B. Full Name (Last, First, Middle Initial)
Julius Combs

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Mailing Address
1155 Brewery Park Blvd. #20D

City State Zip Code
Detroit MI 48207

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
OmniCare Health Plan Chairman Emeritus

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

250.00

Transaction ID: SA11A1.4146

C. Full Name (Last, First, Middle Initial)
David Cotton

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Mailing Address
17515 W. Nine Mile Rd.

City State Zip Code
Southfield MI 48075

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Health Plan of Michigan President/Medical Director

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

250.00

Transaction ID: SA11A1.4185

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 10 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

Full Name (Last, First, Middle Initial)
A. Shelley Cranley

Mailing Address
P.O. Box 15645
City: Las Vegas State: NV Zip Code: 89114

Date of Receipt
M / D / Y
02 / 28 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Sierra Health Services Occupation: Asst. VP

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Transaction ID: SA11A1.4187

Full Name (Last, First, Middle Initial)
B. Joe Crisone

Mailing Address
1215 K St., #2010
City: Sacramento State: CA Zip Code: 95814

Date of Receipt
M / D / Y
02 / 28 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Blue Shield of CA Occupation: Senior Consultant

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Contribution

Transaction ID: SA11A1.4111

Full Name (Last, First, Middle Initial)
C. Joe Crisone

Mailing Address
1215 K St., #2010
City: Sacramento State: CA Zip Code: 95814

Date of Receipt
M / D / Y
08 / 29 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer: Blue Shield of CA Occupation: Senior Consultant

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 450.00

amex

Transaction ID: SA11A1.4481

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Douglas Cueny

Mailing Address

5954 Paradise Point Drive

City

Miami

State

FL

Zip Code

33157

Date of Receipt

N M / D E / Y Y Y Y
03 / 12 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
AvMed Health Plan

Occupation

Chief Operating Officer

Contribution

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4281

Full Name (Last, First, Middle Initial)

B. Charles Cutler

Mailing Address

458 Lenox Ave.

City

South Orange

State

NJ

Zip Code

07079

Date of Receipt

N M / D E / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
AAHP

Occupation

Chief Medical Officer

Contribution

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4175

Full Name (Last, First, Middle Initial)

C. Charles Cutler

Mailing Address

458 Lenox Ave.

City

South Orange

State

NJ

Zip Code

07079

Date of Receipt

N M / D E / Y Y Y Y
08 / 29 / 2001

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
AAHP

Occupation

Chief Medical Officer

amex

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Transaction ID: SA11A1.4477

SUBTOTAL of Receipts This Page (optional)

1200.00

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: PAGE 12 / 50

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Stephen deMontmolin

Mailing Address

4300 NW 80th Blvd

City

Gainesville

State

FL

Zip Code

32606

Date of Receipt

N M / D E / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
AvMed Health Plan

Occupation

VP/General Counsel

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4154

Full Name (Last, First, Middle Initial)

B. Diana Dennett

Mailing Address

3412 Q Street, N.W.

City

Washington

State

DC

Zip Code

20007

Date of Receipt

N M / D E / Y Y Y Y
02 / 14 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer
AAHP

Occupation

Executive Vice President

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Contribution

Transaction ID: SA11A1.4088

Full Name (Last, First, Middle Initial)

C. Diana Dennett

Mailing Address

3412 Q Street, N.W.

City

Washington

State

DC

Zip Code

20007

Date of Receipt

N M / D E / Y Y Y Y
08 / 19 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
AAHP

Occupation

Executive Vice President

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

contribution

Transaction ID: SA11A1.4350

SUBTOTAL of Receipts This Page (optional) ▶

1750.00

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 13 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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) Behrends Foster Date of Receipt
Mailing Address 2211 Clark Place N M / D E / Y Y Y Y
06 10 2001
City Silver Spring State MD Zip Code 20902 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00
Name of Employer AAHP Occupation Director contribution
Receipt For: Primary General Aggregate Year-to-Date 250.00
Other (specify)

Transaction ID: SA11A1.4353

B. Full Name (Last, First, Middle Initial) Gary Gansway Date of Receipt
Mailing Address 8D1 Union Street #1100 N M / D E / Y Y Y Y
02 28 2001
City Seattle State WA Zip Code 98101 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 1000.00
Name of Employer First Choice Health Network Occupation President/CEO
Receipt For: Primary General Aggregate Year-to-Date 1000.00
Other (specify)

Transaction ID: SA11A1.4201

C. Full Name (Last, First, Middle Initial) Jay Gallert Date of Receipt
Mailing Address 21650 Oxnard St. #2200 N M / D E / Y Y Y Y
02 28 2001
City Woodland Hills State CA Zip Code 91367 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 1000.00
Name of Employer Health Net, Inc. Occupation President/CEO
Receipt For: Primary General Aggregate Year-to-Date 1000.00
Other (specify)

Transaction ID: SA11A1.4225

SUBTOTAL of Receipts This Page (optional) **2250.00**
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: PAGE 14 / 50

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Julie Goon

Mailing Address

4521 4th Road N

City

Arlington

State

VA

Zip Code

22203

Date of Receipt

N M / D E / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period

500.00

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 ▼

500.00

Transaction ID: SA11A1.4196

Full Name (Last, First, Middle Initial)

B. Julie Goon

Mailing Address

4521 4th Road N

City

Arlington

State

VA

Zip Code

22203

Date of Receipt

N M / D E / Y Y Y Y
05 / 30 / 2001

Amount of Each Receipt this Period

300.00

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 ▼

800.00

contribution

Transaction ID: SA11A1.4357

Full Name (Last, First, Middle Initial)

C. Julie Goon

Mailing Address

4521 4th Road N

City

Arlington

State

VA

Zip Code

22203

Date of Receipt

N M / D E / Y Y Y Y
06 / 29 / 2001

Amount of Each Receipt this Period

1000.00

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 ▼

1800.00

contribution

Transaction ID: SA11A1.4441

SUBTOTAL of Receipts This Page (optional) ▶

1800.00

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 15 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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)
Dr. Arthur Goshin

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 2001

Mailing Address
205 Park Club Lane

City State Zip Code
Buffalo NY 14221

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Univera Healthcare	Occupation President/CEO	Contribution
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00
		Transaction ID: SA11A1.4102

B. Full Name (Last, First, Middle Initial)
Phil Griffin

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2001

Mailing Address
6105 Golden Hills Dr.

City State Zip Code
Golden Valley MN 55416

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Preferred One	Occupation VP	Contribution
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00
		Transaction ID: SA11A1.4267

C. Full Name (Last, First, Middle Initial)
William Haggott

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Mailing Address
1901 Market St. 28th Floor

City State Zip Code
Philadelphia PA 19103

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Independence Blue Cross	Occupation Sr. Vice President	Contribution
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00
		Transaction ID: SA11A1.4121

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 16 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

Full Name (Last, First, Middle Initial)
A. George Halverson

Mailing Address
8100 34th Ave. South P.O. Box 1308
City State Zip Code
Minneapolis MN 55440

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer
HealthPartners, Inc.

Occupation
President/CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

1000.00

Transaction ID: SA11A1.4132

Full Name (Last, First, Middle Initial)
B. P. Anthony Hammond

Mailing Address
500 West Main St.
City State Zip Code
Louisville KY 40202

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Humana, Inc.

Occupation
Actuary

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

250.00

Transaction ID: SA11A1.4208

Full Name (Last, First, Middle Initial)
C. Edwin Hannum

Mailing Address
1861 LaGrande Dr.
City State Zip Code
Dunedin FL 34898

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
AvMed Health Plan

Occupation
VP

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

500.00

Transaction ID: SA11A1.4257

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

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: PAGE 17 / 50

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Samuel Havens

Mailing Address

5B Winged Foot Dr.

City

State

Zip Code

Livingston

NJ

07039

Date of Receipt

N M / D E / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
National Imaging Associates

Occupation

Consultant

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.4247

Full Name (Last, First, Middle Initial)

B. Robert Hudson

Mailing Address

P.O. Box 749

City

State

Zip Code

Gainesville

FL

32602

Date of Receipt

N M / D E / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer
AvMed Health Plan

Occupation

President/CEO

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.4150

Full Name (Last, First, Middle Initial)

C. Howard Hughes

Mailing Address

65 Overlook Drive

City

State

Zip Code

Darville

PA

17821

Date of Receipt

N M / D E / Y Y Y Y
05 / 09 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
Gelsinger Health Plan

Occupation

Senior VP

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4309

SUBTOTAL of Receipts This Page (optional) ▶

1750.00

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 18 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A. Karen Ignagni Date of Receipt

Mailing Address N M / D E / Y Y Y Y
3105 Chesapeake St, NW 02 28 2001

City State Zip Code
Washington DC 20008 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1000.00

Name of Employer AAHP	Occupation President/CEO
--------------------------	-----------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4251

B. Stephen Jackson Date of Receipt

Mailing Address N M / D E / Y Y Y Y
2D East 46th St. #901 02 28 2001

City State Zip Code
New York NY 10017 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Plan Data Management	Occupation Chairman
--	------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.4162

C. Francis Jantzen, II Date of Receipt

Mailing Address N M / D E / Y Y Y Y
17982 NW 9th Ct. 04 27 2001

City State Zip Code
Pembroke Pines FL 33029 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 288.00

Name of Employer AvMed Health Plan	Occupation Assistant VP	contribution
---------------------------------------	----------------------------	--------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 288.00

Transaction ID: SA11A1.4289

SUBTOTAL of Receipts This Page (optional)	1536.00
TOTAL This Period (last page this line number only)	1536.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 19 / 50

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Todd Johnson

Mailing Address

5601 Smetana Dr.

P.O. Box 9310

City

State

Zip Code

Minneapolis

MN

55440

Date of Receipt

N M / D E / Y Y Y Y
0 2 / 2 8 / 2 0 0 1

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Alina Health System

Occupation
Director

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.4249

Full Name (Last, First, Middle Initial)

B. James Jones

Mailing Address

15009 SW 13th Ct.

City

State

Zip Code

Sunrise

FL

33326

Date of Receipt

N M / D E / Y Y Y Y
0 3 / 1 2 / 2 0 0 1

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
AvMed Health Plan

Occupation
VP

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

contribution

Transaction ID: SA11A1.4263

Full Name (Last, First, Middle Initial)

C. David Joyner

Mailing Address

50 Beale Street

City

State

Zip Code

San Francisco

CA

94105

Date of Receipt

N M / D E / Y Y Y Y
0 2 / 2 8 / 2 0 0 1

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Blue Shield of CA

Occupation
VP

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.4148

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 20 / 50	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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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)
Cleve Killingsworth

Mailing Address
3635 Oakleaf Dr.

City State Zip Code
West Bloomfield MN 48324

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Health Alliance

Occupation

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

1000.00

Transaction ID: SA11A1.4253

B. Full Name (Last, First, Middle Initial)
Isadora King

Mailing Address
2875 W. Grand Blvd.

City State Zip Code
Detroit MI 48202

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer
The Wellness Plan

Occupation
President/CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

1000.00

Transaction ID: SA11A1.4233

C. Full Name (Last, First, Middle Initial)
Kenny Klepper Jr was

Mailing Address
20 2nd St. #909

City State Zip Code
Jersey City NJ 07302

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Empire Health Choice

Occupation
VP

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

1000.00

Transaction ID: SA11A1.4297

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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 21 / 50	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A. Tony Lamb Date of Receipt

Mailing Address N M / D E / Y Y Y
713 N. Cleveland St. 02 28 2001

City State Zip Code
Arlington VA 22201 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer AAHP	Occupation Director
--------------------------	------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.4237

B. Heidi Margulis Date of Receipt

Mailing Address N M / D E / Y Y Y
500 W. Main St. 8th Floor 02 28 2001

City State Zip Code
Louisville KY 40202 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Humana, Inc.	Occupation Senior VP
----------------------------------	-------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.4123

C. Anthony Merlon Date of Receipt

Mailing Address N M / D E / Y Y Y
P.O. Box 15845 02 28 2001

City State Zip Code
Las Vegas NV 89114 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1000.00

Name of Employer Sierra Health Services	Occupation Chairman & CEO
--	------------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4177

SUBTOTAL of Receipts This Page (optional)	1500.00
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 22 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A. Mike McCalister Date of Receipt

Mailing Address N M / D E / Y Y Y Y
500 W. Main St. 6th Floor 02 27 2001

City State Zip Code
Louisville KY 40202 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1000.00

Name of Employer Humana, Inc.	Occupation President/CEO	Contribution
----------------------------------	-----------------------------	--------------

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4108

B. Kevin McCarthy Date of Receipt

Mailing Address N M / D E / Y Y Y Y
3 Regina Court 04 24 2001

City State Zip Code
Blauvelt NY 10913 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1000.00

Name of Employer Empire Health Choice	Occupation Director	Contribution
--	------------------------	--------------

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4281

C. William McHugh Date of Receipt

Mailing Address N M / D E / Y Y Y Y
511 Farber Lakes Drive 02 28 2001

City State Zip Code
Buffalo NY 14221 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1000.00

Name of Employer Independent Health	Occupation Executive VP	Contribution
--	----------------------------	--------------

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4223

SUBTOTAL of Receipts This Page (optional)	3000.00
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 23 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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)
Jeffrey McWaters

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Mailing Address
4425 Corporation Lane #10D

City State Zip Code
Virginia Beach VA 23462

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AMERIGROUP Corp President/CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

1000.00

Transaction ID: SA11A1.4243

B. Full Name (Last, First, Middle Initial)
Marcus Merz

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Mailing Address
6105 Gloden Hills Dr.

City State Zip Code
Golden Valley MN 55416

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PreferredOne President/CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

1000.00

Transaction ID: SA11A1.4245

C. Full Name (Last, First, Middle Initial)
Tim Meyer

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Mailing Address
48 Monroe Turnpike

City State Zip Code
Trumbull CT 06811

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Oxford Health Plan VP

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

250.00

Transaction ID: SA11A1.4183

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
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 24 / 50	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)
Galen Miller

Mailing Address
441 N St., SW

City State Zip Code
Washington DC 20024

Date of Receipt
N M / D E / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AAHP VP Professional Services

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

250.00

Transaction ID: SA11A1.4125

B. Full Name (Last, First, Middle Initial)
Galen Miller

Mailing Address
441 N St., SW

City State Zip Code
Washington DC 20024

Date of Receipt
N M / D E / Y Y Y Y
08 / 18 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AAHP VP Professional Services

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

450.00

contribution

Transaction ID: SA11A1.4345

C. Full Name (Last, First, Middle Initial)
Peter O'Neill

Mailing Address
P.O. Box 15845

City State Zip Code
Las Vegas NV 89114

Date of Receipt
N M / D E / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sierra Health Services VP

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

250.00

Transaction ID: SA11A1.4138

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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 25 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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)
Dr. Clyde Oden

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Mailing Address
3405 W. Imperial Hwy

City State Zip Code
Inglewood CA 90303

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UHP Healthcare President/CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

1000.00

Transaction ID: SA11A1.4136

B. Full Name (Last, First, Middle Initial)
Norman Payson

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2001

Mailing Address
4B Monroe Turnpike

City State Zip Code
Trumbull CT 06611

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Oxford Health Chairman & CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

1000.00

Transaction ID: SA11A1.4273

contribution

C. Full Name (Last, First, Middle Initial)
Charles Pendarvis

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Mailing Address
6700 W. Loop So. #200

City State Zip Code
Bellaire TX 77401

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AMERIGROUP Director

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

250.00

Transaction ID: SA11A1.4142

SUBTOTAL of Receipts This Page (optional) ▶ **2250.00**

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 26 / 50

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. Christine Petersen

Mailing Address

2724 N. Tenaya Way #2724-1

City State Zip Code

Las Vegas NV 89128

Date of Receipt

N M / D E / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Sierra Health Services

Occupation
VP

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.4170

Full Name (Last, First, Middle Initial)

B. Howard Phanstiel

Mailing Address

3120 Lake Center Drive MS-LC01-354

City State Zip Code

Santa Ana CA 92704

Date of Receipt

N M / D E / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer
PacifiCare Health Systems

Occupation
President/CEO

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.4228

Full Name (Last, First, Middle Initial)

C. Susan Plesno

Mailing Address

5510 Lincoln St

City State Zip Code

Bethesda MD 20817

Date of Receipt

N M / D E / Y Y Y Y
05 / 30 / 2001

Amount of Each Receipt this Period

600.00

FEC ID number of contributing federal political committee.

Name of Employer
AAHP

Occupation
VP

contribution

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Transaction ID: SA11A1.4371

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 27 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

Full Name (Last, First, Middle Initial)
A. Jacqueline Pomfret

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Mailing Address
5D1 Slaters Lane #505

City State Zip Code
Alexandria VA 22314

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AAHP Director

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.4158

Full Name (Last, First, Middle Initial)
B. Les Rankin

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2001

Mailing Address
10302 SW 41st Pl.

City State Zip Code
Gainesville FL 32608

Amount of Each Receipt this Period
286.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AvMed Health Plan

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 286.00

Transaction ID: SA11A1.4285

Full Name (Last, First, Middle Initial)
C. Randi Reibel

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Mailing Address
15137 Deer Valley Terrace

City State Zip Code
Silver Spring MD 20906

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AAHP Executive Director

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.4219

SUBTOTAL of Receipts This Page (optional) ▶ **786.00**

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 28 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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)
John Renshard, Jr.

Mailing Address
1048 Gypsy Hill Rd.

City State Zip Code
Lower Gwynedd PA 19002

Date of Receipt
N M / D E / Y Y Y Y
04 / 24 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation contribution
Empire Health Choice Senior VP

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4295

B. Full Name (Last, First, Middle Initial)
George Rensudin

Mailing Address
One Galleria Blvd #850

City State Zip Code
Metairie LA 70001

Date of Receipt
N M / D E / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation contribution
Ochsner Health Plan Senior VP

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.4207

C. Full Name (Last, First, Middle Initial)
Jeannine Rivel

Mailing Address
4905 Trillium Way

City State Zip Code
Minnetrista MN 55364

Date of Receipt
N M / D E / Y Y Y Y
04 / 10 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation contribution
UnitedHealthGroup Executive VP

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4271

SUBTOTAL of Receipts This Page (optional) ▶ **2250.00**

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 29 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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)
James Roosevelt Jr.

Mailing Address
333 Wyman St.

City State Zip Code
Waltham MA 02454

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Tufts Health Plan Occupation

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.4189

B. Full Name (Last, First, Middle Initial)
Valerie Rosenheck

Mailing Address
205 Park Club Lane

City State Zip Code
Buffalo NY 14221

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Univera Healthcare Occupation VP

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.4199

C. Full Name (Last, First, Middle Initial)
Louis Saccoccio

Mailing Address
1434 Jerrold Place

City State Zip Code
Crofton MD 21114

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer AAHP Occupation General Counsel Contribution

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.4108

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 30 / 50

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Louis Saccoccio

Mailing Address

1434 Jerrald Place

City

State

Zip Code

Crafton

MD

21114

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 0 / 2 0 0 1

Amount of Each Receipt this Period

200.00

FEC ID number of contributing federal political committee.

Name of Employer
AAHP

Occupation
General Counsel

amex

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: SA11A1.4478

Full Name (Last, First, Middle Initial)

B. Terry Schilling

Mailing Address

600 Las Colinas Blvd.

East #1100

City

State

Zip Code

Irving

TX

75039

Date of Receipt

N M / D E / Y Y Y Y
0 2 / 2 0 / 2 0 0 1

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Healthsource North Texas

Occupation
CEO

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.4181

Full Name (Last, First, Middle Initial)

C. Cheryl Scott

Mailing Address

521 Wall Street

City

State

Zip Code

Seattle

WA

98121

Date of Receipt

N M / D E / Y Y Y Y
0 2 / 2 0 / 2 0 0 1

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Group Health Cooperative

Occupation
President/CEO

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.4227

SUBTOTAL of Receipts This Page (optional) ▶

2200.00

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 31 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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) Richard Smith Date of Receipt 05 / 30 / 2001

Mailing Address 6500 Ranging Hills Gate

City Columbia State MD Zip Code 21044

FEC ID number of contributing federal political committee. _____ Amount of Each Receipt this Period 250.00

Name of Employer AAHP Occupation VP contribution

Receipt For: _____ Aggregate Year-to-Date 250.00

Primary _____ General _____ Other (specify) _____

Transaction ID: SA11A1.4358

B. Full Name (Last, First, Middle Initial) Richard Smith Date of Receipt 06 / 29 / 2001

Mailing Address 6500 Ranging Hills Gate

City Columbia State MD Zip Code 21044

FEC ID number of contributing federal political committee. _____ Amount of Each Receipt this Period 200.00

Name of Employer AAHP Occupation VP contribution

Receipt For: _____ Aggregate Year-to-Date 450.00

Primary _____ General _____ Other (specify) _____

Transaction ID: SA11A1.4460

C. Full Name (Last, First, Middle Initial) Steven Snider Date of Receipt 04 / 27 / 2001

Mailing Address 116 Point View Lane

City Longwood State FL Zip Code 32779

FEC ID number of contributing federal political committee. _____ Amount of Each Receipt this Period 286.00

Name of Employer AvMed HealthPlan Occupation Executive Director contribution

Receipt For: _____ Aggregate Year-to-Date 286.00

Primary _____ General _____ Other (specify) _____

Transaction ID: SA11A1.4285

SUBTOTAL of Receipts This Page (optional) **736.00**

TOTAL This Period (last page this line number only) **736.00**

**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 32 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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)
David Snow, Jr.

Mailing Address
23 Cedar Gate Rd

City State Zip Code
Darien CT 06820

Date of Receipt
N M / D E / Y Y Y Y
04 / 24 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation contribution
Empire Health Choice Executive VP

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4293

B. Full Name (Last, First, Middle Initial)
Marie Saldo

Mailing Address
P.O. Box 15845

City State Zip Code
Las Vegas NV 89114

Date of Receipt
N M / D E / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation contribution
Sierra Health Services Executive VP

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.4156

C. Full Name (Last, First, Middle Initial)
Marie Saldo

Mailing Address
P.O. Box 15845

City State Zip Code
Las Vegas NV 89114

Date of Receipt
N M / D E / Y Y Y Y
08 / 19 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation contribution
Sierra Health Services Executive VP

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 450.00

Transaction ID: SA11A1.4340

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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 33 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A. Charles Stelar Date of Receipt

Mailing Address N M / D E / Y Y Y
2832 Albemarle St., NW 0 2 / 2 8 / 2 0 0 1

City State Zip Code
Washington DC 20008 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1000.00

Name of Employer AAHP	Occupation Executive VP
--------------------------	----------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4241

B. Kennie Still Date of Receipt

Mailing Address N M / D E / Y Y Y
14515 NW 41st Ave. 0 4 / 2 7 / 2 0 0 1

City State Zip Code
Newberry FL 32669 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 286.00

Name of Employer AvMed Health Plan	Occupation Group Controller
---------------------------------------	--------------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 286.00

Transaction ID: SA11A1.4281

C. Michael Stocker Date of Receipt

Mailing Address N M / D E / Y Y Y
One World Trade Center 0 2 / 2 8 / 2 0 0 1

City State Zip Code
New York NY 10048 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1000.00

Name of Employer Empire HealthChoice	Occupation President/CEO
---	-----------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4235

SUBTOTAL of Receipts This Page (optional)	2286.00
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 34 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A. Paul Stone

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
5495 Bellline Rd. #140 _____ 02 28 2001
City State Zip Code _____
Dallas TX 75240 _____ Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. _____ 250.00

Name of Employer Occupation
R.A. Stone & Associates President

Receipt For: Aggregate Year-to-Date ▼
Primary General _____ 250.00
Other (specify) ▼ _____

Transaction ID: SA11A1.4205

B. David Strand

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
P.O. Box 9310 _____ 02 28 2001
City State Zip Code _____
Minneapolis MN 55440 _____ Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. _____ 1000.00

Name of Employer Occupation
Alina Health System President

Receipt For: Aggregate Year-to-Date ▼
Primary General _____ 1000.00
Other (specify) ▼ _____

Transaction ID: SA11A1.4231

C. Scott Styles

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
9 East Del Ray Ave. _____ 02 28 2001
City State Zip Code _____
Alexandria VA 22301 _____ Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. _____ 250.00

Name of Employer Occupation
AAHP Executive Director

Receipt For: Aggregate Year-to-Date ▼
Primary General _____ 250.00
Other (specify) ▼ _____

Transaction ID: SA11A1.4173

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 35 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A. Lyle Swallow:

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
5D Beale St. _____ 02 28 2001
City State Zip Code _____
San Francisco CA 94105 _____
Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. _____ 250.00

Name of Employer Blue Shield of CA	Occupation Associate General Counsel
---------------------------------------	---

Receipt For: _____ Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ _____ 250.00

Transaction ID: SA11A1.4117

B. Linda Tiano:

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
37 Glenn Rd. _____ 04 24 2001
City State Zip Code _____
Larchmont NY 10538 _____
Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. _____ 1000.00

Name of Employer Empire Health Choice	Occupation Sr. VP & General Counsel
--	--

Receipt For: _____ Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ _____ 1000.00

Transaction ID: SA11A1.4299

C. Steven Tueler:

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
3120 W. Lake Center Dr. 2nd Floor _____ 02 28 2001
City State Zip Code _____
Santa Ana CA 92704 _____
Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. _____ 250.00

Name of Employer Pacificare Health Systems	Occupation VP
---	------------------

Receipt For: _____ Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ _____ 250.00

Transaction ID: SA11A1.4211

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 36 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

Full Name (Last, First, Middle Initial)
A. Bernard Tyson

Mailing Address
9702 Beman Woods Way

City State Zip Code
Potomac MD 20854

Date of Receipt
N M / D E / Y Y Y Y
06 / 10 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaiser Foundation HP Group President

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

250.00

Transaction ID: SA11A1.4348

Full Name (Last, First, Middle Initial)
B. I. Stavan Udvarhazi

Mailing Address
1901 Market St. 30th Fl.

City State Zip Code
Philadelphia PA 19103

Date of Receipt
N M / D E / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Independence Blue Cross Sr. VP

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

1000.00

Transaction ID: SA11A1.4221

Full Name (Last, First, Middle Initial)
C. Barry Wagner

Mailing Address
P.O. Box 749

City State Zip Code
Gainesville FL 32602

Date of Receipt
N M / D E / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period
288.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AvMed Health Plan Director

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

288.00

Transaction ID: SA11A1.4119

SUBTOTAL of Receipts This Page (optional) ▶ **1536.00**

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 37 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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) Anthony Watson Date of Receipt 02 / 28 / 2001

Mailing Address 7 W 34th Street

City New York State NY Zip Code 10001

FEC ID number of contributing federal political committee. _____ Amount of Each Receipt this Period 1000.00

Name of Employer HIP Health Plan Occupation Chairman/CEO

Receipt For: _____ Aggregate Year-to-Date 1000.00

Primary General Other (specify)

Transaction ID: SA11A1.4134

B. Full Name (Last, First, Middle Initial) Bruce Weiss Date of Receipt 04 / 01 / 2001

Mailing Address P.O. Box 749

City Gainesville State FL Zip Code 32602

FEC ID number of contributing federal political committee. _____ Amount of Each Receipt this Period 500.00

Name of Employer AvMed Health Plan Occupation VP contribution

Receipt For: _____ Aggregate Year-to-Date 500.00

Primary General Other (specify)

Transaction ID: SA11A1.4289

C. Full Name (Last, First, Middle Initial) W. Pete Welch Date of Receipt 02 / 28 / 2001

Mailing Address 5401 Westbard Ave.

City Bethesda State MD Zip Code 20816

FEC ID number of contributing federal political committee. _____ Amount of Each Receipt this Period 250.00

Name of Employer AAHP Occupation Executive Director

Receipt For: _____ Aggregate Year-to-Date 250.00

Primary General Other (specify)

Transaction ID: SA11A1.4140

SUBTOTAL of Receipts This Page (optional)	1750.00
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 38 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

Full Name (Last, First, Middle Initial)
A. David Wells

Mailing Address
6760 SW 126th Terrace

City State Zip Code
Miami FL 33156

Date of Receipt
M M / D D / Y Y Y Y
04 / 27 / 2001

Amount of Each Receipt this Period
286.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AvMed Health Plan Director

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 286.00

Transaction ID: SA11A1.4287

Full Name (Last, First, Middle Initial)
B. Dr. Bruce Wilson

Mailing Address
2775 Crossroads Blvd.

City State Zip Code
Grand Junction CO 81506

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Rocky Mountain HMO Medical Director

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.4217

Full Name (Last, First, Middle Initial)
C. Dr. Bruce Wilson

Mailing Address
2775 Crossroads Blvd.

City State Zip Code
Grand Junction CO 81506

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2001

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Rocky Mountain HMO Medical Director

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 650.00

Transaction ID: SA11A1.4470

SUBTOTAL of Receipts This Page (optional) ▶ **936.00**

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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Steven Zaklin

Mailing Address

One Kaiser Plaza #2752

City State Zip Code

Oakland CA 94612

Date of Receipt

N M / D E / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Kaiser Foundation Health Plan

Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.4213

Full Name (Last, First, Middle Initial)

B. Steven Zaklin

Mailing Address

One Kaiser Plaza #2752

City State Zip Code

Oakland CA 94612

Date of Receipt

N M / D E / Y Y Y Y
08 / 28 / 2001

Amount of Each Receipt this Period

750.00

FEC ID number of contributing federal political committee.

Name of Employer
Kaiser Foundation Health Plan

Occupation

contributor

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.4463

C.

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	54466.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 40 / 50	
	(check only one)			
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

Full Name (Last, First, Middle Initial)
A. PACIFICARE HEALTH SYSTEMS INC PAC

Mailing Address
PO BOX 25186 PO BOX 25186
City State Zip Code
SANTA ANA CA 92799

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2001

FEC ID number of contributing federal political committee. C00240903

Name of Employer Occupation contribution

Amount of Each Receipt this Period 5000.00

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Transaction ID: SA11B.4355

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Ben Cardin for Congress		Date of Disbursement 06 / 07 / 2001	
Mailing Address 38 Ivy Street, NE City Washington State DC Zip Code 20003		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Fundraiser		Category/ Type	
Candidate Name Ben Cardin for Congress			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: MD District: 3	Transaction ID: SB23.4402		

Full Name (Last, First, Middle Initial) B. Brownback for Senate		Date of Disbursement 06 / 30 / 2001	
Mailing Address P.O. Box 2008 City Topeka State KS Zip Code 66601		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement Check #553, 6/27/00 never cashed		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: KS District:	Transaction ID: SB23.4421		

Full Name (Last, First, Middle Initial) C. Collins for Senator		Date of Disbursement 04 / 25 / 2001	
Mailing Address 1155 21st St #30D City Washington State DC Zip Code 20036		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Fundraiser		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: ME District:	Transaction ID: SB23.4394		

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Collins for Senator		Date of Disbursement 06 / 19 / 2001	
Mailing Address 1155 21st St #300 City State Zip Code Washington DC 20036		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Fundraiser		Category/ Type	
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: ME District:	Transaction ID: SB23.4408		

Full Name (Last, First, Middle Initial) B. Committee for Preservation of Capitalism		Date of Disbursement 03 / 06 / 2001	
Mailing Address P.O. Box 22614 City State Zip Code Alexandria VA 22304		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Fundraiser Jim McCrery		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: LA District: 4	Transaction ID: SB23.4426		

Full Name (Last, First, Middle Initial) C. Enzi for Senate		Date of Disbursement 06 / 20 / 2001	
Mailing Address P.O. Box 2775 City State Zip Code Cody WY 82414		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Fundraiser		Category/ Type	
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: WY District:	Transaction ID: SB23.4408		

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Evan Bayh Committee			Date of Disbursement 06 / 05 / 2001	
Mailing Address 426 C St., NE City Washington State DC Zip Code 20002			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Fundraiser			Category/ Type	
Candidate Name				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.4400	
State: IN District:				

Full Name (Last, First, Middle Initial) B. Forbes for Congress			Date of Disbursement 06 / 15 / 2001	
Mailing Address 1104 Madison Plaza #101 City Chesapeake State VA Zip Code 23322			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Fundraiser			Category/ Type	
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.4434	
State: VA District: 4				

Full Name (Last, First, Middle Initial) C. Friends of Mary Landrieu			Date of Disbursement 03 / 28 / 2001	
Mailing Address 503 Capitol Court, NE City Washington State DC Zip Code 20002			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Fundraiser Luncheon			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.4384	
State: District:				

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Friends of Max Baucus		Date of Disbursement 04 / 23 / 2001	
Mailing Address Box 586 City: Helena State: MT Zip Code: 59624		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Fundraiser		Category/ Type	
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MT District:	Transaction ID: SB23.4392		

Full Name (Last, First, Middle Initial) B. Friends of Max Baucus		Date of Disbursement 06 / 15 / 2001	
Mailing Address Box 588 City: Helena State: MT Zip Code: 59624		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Reception on 6/21/01		Category/ Type	
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MT District:	Transaction ID: SB23.4433		

Full Name (Last, First, Middle Initial) C. Friends of Phil Gramm		Date of Disbursement 05 / 08 / 2001	
Mailing Address 900 2nd St. City: Washington State: DC Zip Code: 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Fundraiser		Category/ Type	
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX District:	Transaction ID: SB23.4396		

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Friends of Sam Johnson		Date of Disbursement 06 / 20 / 2001
Mailing Address P.O. Box 860086 City: Plano State: TX Zip Code: 75086		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Fundraiser	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: TX District: 3	Transaction ID: SB23.4413

Full Name (Last, First, Middle Initial) B. Leadership PAC 2002		Date of Disbursement 03 / 06 / 2001
Mailing Address 515 King St. City: Alexandria State: VA Zip Code: 22314		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Fundraiser	Candidate Name	Category/ Type
Office Sought: House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: District:	Transaction ID: SB23.4379

Full Name (Last, First, Middle Initial) C. Majority Leader's Fund		Date of Disbursement 03 / 06 / 2001
Mailing Address 4451 Brookfield Corp. Dr. #20D City: Chantilly State: VA Zip Code: 20151		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Fundraiser	Candidate Name Riggs National Bank	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: TX District: 28	Transaction ID: SB23.4504

SUBTOTAL of Disbursements This Page (optional)	7000.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (in full)

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

Full Name (Last, First, Middle Initial) A. Mary Bono for Congress		Date of Disbursement 03 / 06 / 2001
Mailing Address 520 S. Grand Ave. #700 City State Zip Code Los Angeles CA 90071		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Fundraiser		Transaction ID: SB23.4381
Candidate Name Mary Bono		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: CA District: 44		

Full Name (Last, First, Middle Initial) B. Mike Bilirakis for Congress		Date of Disbursement 06 / 20 / 2001
Mailing Address P.O. Box 1077 City State Zip Code Tarpon Springs FL 34688		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Fundraiser		Transaction ID: SB23.4404
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: FL District: 9		

Full Name (Last, First, Middle Initial) C. Nelson 2000 Debt Retirement Account		Date of Disbursement 06 / 05 / 2001
Mailing Address 428 C St., NE City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Fundraiser to help retire debt		Transaction ID: SB23.4398
Candidate Name		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: NE District:		

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Northrup for Congress		Date of Disbursement 06 / 30 / 2001
Mailing Address P.O. Box 7313 City State Zip Code Louisville KY 40257		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement Ck #880 10/27/00 never cashed		Transaction ID: SB23.4423
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: KY District: 3		

Full Name (Last, First, Middle Initial) B. Peter Deutsch for Congress		Date of Disbursement 03 / 29 / 2001
Mailing Address P.O. Box 817689 City State Zip Code Hollywood FL 33081		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Fundraiser		Transaction ID: SB23.4386
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: FL District: 20		

Full Name (Last, First, Middle Initial) C. Rely on Your Beliefs Fund		Date of Disbursement 06 / 25 / 2001
Mailing Address 1300 Penn. Ave., NW #70D City State Zip Code Washington DC 20004		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Fundraiser Roy Blunt		Transaction ID: SB23.4417
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: MO District: 7		

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. ROCPAC		Date of Disbursement 06 / 27 / 2001
Mailing Address 236 Mass. Ave.,NW #503 City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Fundraiser Joe Lieberman	Candidate Name	Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.441B	
State: CT District:		

Full Name (Last, First, Middle Initial) B. Ryan for Congress Committee		Date of Disbursement 06 / 20 / 2001
Mailing Address P.O. Box 1919 City State Zip Code Janasville WI 53547		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Fundraiser	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4415	
State: WI District: 1		

Full Name (Last, First, Middle Initial) C. Texans for Henry Bonilla		Date of Disbursement 04 / 03 / 2001
Mailing Address P.O. Box 17292 City State Zip Code San Antonio TX 78217		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Fundraiser	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4388	
State: TX District: 23		

SUBTOTAL of Disbursements This Page (optional)	2500.00
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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. The Freedom Project

Mailing Address

111 C Street, SE

City

Washington

State

DC

Zip Code

20003

Purpose of Disbursement

Fundraiser

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

X General

Other (specify) ▼

State:

District:

Date of Disbursement

03 / 06 / 2001

Amount of Each Disbursement this Period

5000.00

Transaction ID: SB23.4373

Full Name (Last, First, Middle Initial)

B. The Republican Majority Fund

Mailing Address

P.O. Box 19897

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

Fundraiser on behalf Senator Nickles

Candidate Name

Category/
Type

Office Sought:

House

X Senate

President

Disbursement For:

Primary

X General

Other (specify) ▼

State: OK

District:

Date of Disbursement

04 / 06 / 2001

Amount of Each Disbursement this Period

5000.00

Transaction ID: SB23.4380

C.

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

37500.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

Full Name (Last, First, Middle Initial) A. Riggs National Bank		Date of Disbursement 06 / 30 / 2001
Mailing Address 1813 Mass. Ave., NW City Washington State DC Zip Code 20036		Amount of Each Disbursement this Period 606.99
Purpose of Disbursement Bank fees & CC fees		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary X General Other (specify) ▼	Transaction ID: 5B29.4429
State:	District:	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	606.99
TOTAL This Period (last page this line number only)	▶	606.99