

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11A

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**NAME OF COMMITTEE (In Full)** Health Insurance Political Action Committee Of The Health Insurance Association Of America

<b>A. Full Name, Mailing Address and ZIP Code</b> Anderson, Shannon 555 13th Street, NW, Suite 600 East Washington, DC 20004-1109	Name of Employer HIAA  Occupation Leg. Dir. & Coun.	Date (month, day, year) 1/7/98	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\rightarrow$ \$ 250		
<b>B. Full Name, Mailing Address and ZIP Code</b>	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\rightarrow$ \$		
<b>C. Full Name, Mailing Address and ZIP Code</b>	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\rightarrow$ \$		
<b>D. Full Name, Mailing Address and ZIP Code</b>	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\rightarrow$ \$		
<b>E. Full Name, Mailing Address and ZIP Code</b>	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\rightarrow$ \$		
<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\rightarrow$ \$		
<b>G. Full Name, Mailing Address and ZIP Code</b>	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\rightarrow$ \$		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$ 250.00
<b>TOTAL</b> This Period (last page this line number only) .....	\$ 250.00