

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Healthcare Billing & Management Association, PAC, Inc.

ADDRESS (number and street) Check if different than previously reported
7315 Wisconsin Avenue, Suite 424 East

CITY, STATE and ZIP CODE
Bethesda, MD 20814

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 OCT -6 5 1:30

2. FEC IDENTIFICATION NUMBER
C00345777

3. This committee has qualified as a multicandidate committee. (see FEC FORM 144)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period _____ through _____		
6. (a) Cash on Hand January 1, 19 99		\$ 0
(b) Cash on Hand at Beginning of Reporting Period	\$ 0	
(c) Total Receipts (from Line 19)	\$ 4,650	\$ 4,650
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 4,650	\$ 4,650
7. Total Disbursements (from Line 30)	\$ 1,000	\$ 1,000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,650	\$ 3,650
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9650 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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
Sanford J. Hill

Signature of Treasurer: *Sanford J. Hill* Date: 07/14/99

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

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FEC FORM 3X
(revised 6/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
I. Receipts			
	COLUMN A	COLUMN B	
	Total This Period	Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$ 4,650	\$ 4,600	11(a)(i)
ii. Unitemized	0	0	11(a)(ii)
iii. Total (add i and ii) >	4,650	4,650	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a ii, b and c) >	4,650	4,650	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	4,650	4,650	19
20. Total Federal Receipts (subtract line 18 from line 19) >	4,650	4,650	20
B. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000	1,000	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) >	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,000	1,000	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,000	1,000	31
iii. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	4,650	4,650	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	4,650	4,650	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

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)

HBMA PAC, Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SEE ATTACHMENT I	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$ 3		
<input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$ 5		
<input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$ 5		
<input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$ 6		
<input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$ 6		
<input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$ 3		
<input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > 3		
<input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

4,650

ATTACHMENT I									
ITEMIZED RECEIPTS									
Full Name	Address	Zip Code	Receipts For	Y-T-D Total	Employer	Occupation	Date	Amount	
Diane M. Desantis	140 Winone St West Peabody, MA	1690	General	50.00	New England	Health Care Specialist	04-01-99	50.00	
Candy Groux	28 Ridgewood Newport, DE 19711	19711	General	50.00	Health Care Practice	Health Care Specialist	04-01-99	50.00	
W. David Ackley	3131 South Dixie Drive Suite 535 Dayton, OH	45439	General	250.00	Medical Account	Health Care Specialist	04-01-99	250.00	
David Jakielo	86 Hall Avenue Pittsburgh, PA	15205	General	50.00	Seminars Training & Medical Practice	Health Care Specialist	04-02-99	50.00	
Elisabeth L. Khan	12121 Richmond Avenue Houston, TX	77082	General	100.00	Medical Practice	Health Care Specialist	04-02-99	100.00	
Chuck Barker	8111 LEA Freeway Suite 835 Dallas, TX	75251	General	50.00	Med Group Billing & New Century Billing	Health Care Specialist	04-03-99	50.00	
R. Dan Smith	P.O. Box 21384 Bristol, VA	24015	General	100.00		Health Care Specialist	04-03-99	100.00	
Cheryl Brown	724 West 500 South, Suite 900 West Bountiful, UT	84087	General	50.00	Consumed, Inc.	Health Care Specialist	04-19-99	50.00	
David Gillies	724 West 500 South, Site 900 West Bountiful, UT	84087	General	50.00	Consumed, Inc.	Health Care Specialist	04-19-99	50.00	
Betty Sylvester	471 East Tahquitz, Suite 230 Palm Springs, CA	92262	General	50.00	Black & White Ink	Health Care Specialist	04-26-99	50.00	
C. Barbara	1233 East 12th Street, Tucson, AZ	75605	General	50.00	Group Health	Health Care Specialist	04-26-99	50.00	
Cynthia Pittmon	3408 Bill Owens ankyway Longview, TX	75605	General	50.00	East Texas	Health Care Specialist	04-26-99	50.00	
David C. Pruvie	12025 Kingston Pike, Knoxville, TN	37932	General	100.00	HealthOne	Health Care Specialist	04-26-99	100.00	
Richard Pugh	9709 Third Avenue NE, Suite 301, Seattle, WA	98115	General	50.00	Med-Data Inc.	Health Care Specialist	04-26-99	50.00	
Don Rodden	303 Cain Court, Lima, OH	45807	General	50.00	Health Pro Medical	Health Care Specialist	04-26-99	50.00	
David Pinos	9201 North Abbe Road, Elyria, OH	44235	General	50.00		Health Care Specialist	04-26-99	50.00	
Madelon Berger	635 South Mountain Road, New City, New York	10956	General	50.00	Bill of Health Services	Health Care Specialist	04-26-99	50.00	
Rick Conklin	1861 North Road Road, Suite 300 Wichita, KS	67026	General	100.00	HealthCare Billing	Health Care Specialist	04-26-99	100.00	
Robert B.	757 Scotch Way, West Chester, PA	19382	General	200.00	Brandywine	Health Care Specialist	04-26-99	200.00	
Ron Cagle	350 Automation Way, Birmingham, AL	35210	General	250.00	Sungard	Marketing Rep	04-26-99	250.00	
T. Scott Law	11460 North Meridian, Suite 130, Carrollton, TX	46032	General	50.00	Zotes	Health Care Specialist	04-26-99	50.00	
Karen Olson	7311 Seminole Court, Danon, IL	60561	General	250.00	K.L.O. Professional	Health Care Specialist	04-26-99	250.00	
Vic Glorioso	5022 B Campbell Avenue Blvd, Baltimore, MD	21236	General	50.00	Professional	Health Care Specialist	04-26-99	50.00	
Margaret Deforest	182 Farmers Lane, Santa Rosa, CA	95402	General	50.00	M.D. Condren	Health Care Specialist	04-26-99	50.00	
Joe McCloskey	11401 Bird Road	95405	General	50.00	Memphis Physicians	Health Care Specialist	04-26-99	50.00	
Jean Campbell	18660 Pasadero Drive, Tarratun, CA	91356	General	250.00	Synergistic Systems	Health Care Specialist	05-04-99	250.00	
Jean Koch	1717 East 11 Mile Road, Royal Oak, MI	48067	General	100.00	Independent Medical	Health Care Specialist	05-25-99	100.00	
James P. Trotter Jr	2404 Carson Drive, Columbus, GA	31906	General	200.00	Columbus Medical	Health Care Specialist	06-10-99	200.00	
Edward Spivacy	25865 Badger, Faltrock, MI	48134	General	50.00	Spivac & Company	Health Care Specialist	04-26-99	50.00	
Eric Conkhill, III	104 Katie Way, Kumberton, PA	19442	General	500.00	A-Life Medical Inc.	Health Care Specialist	04-26-99	500.00	
Holly J. Louie	620 Michael Street, Boise, ID	83705	General	50.00	Hall, Hooper & Term Billing, Inc.	Health Care Specialist	04-26-99	50.00	
Jackie L. Davis	2000 Cains Lane, Mansfield, TX	76063	General	500.00	Care Systems	Health Care Specialist	04-26-99	500.00	
James D.	1434 Southern Hills Drive, Mansfield, TX	76063	General	100.00		Health Care Specialist	04-26-99	100.00	
Judy Cardenas	2231 NW 108th Street, Des Moines, IA	50325	General	150.00	HealthMed Inc.	Health Care Specialist	04-26-99	150.00	
Ken Goodin	3303 South Meridian	73119	General	450.00	Medical Consultants	Health Care Specialist	04-26-99	450.00	
Kenneth Ames	3 Trojan House Drive, Phoenix, MD	21131	General	50.00	American Radiology	Health Care Specialist	04-26-99	50.00	
Marcia Palermo	600 Cayuga Road	14225	General	50.00	MP Billing Services	Health Care Specialist	04-26-99	50.00	
						Total		4,650.00	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

HBMA PAC, Inc.

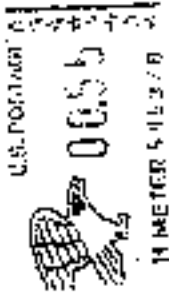
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeffords for Vermont P.O. Box 246 Montpelier, VT 05021	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/99	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$1,000.00

HBMA PAC
7315 Wisconsin Avenue, #424E
Bethesda, MD 20877



Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

First Class Mail POSTMARKED
10-5-99

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House office of Records and Registration Date of Receipt

Received from the Senate Office of Public Records Date of Receipt

Other (Specify): Postmarked
and/or Date of Receipt

Electronic Filing

LM
PREPARER

10-6-99
DATE PREPARED