

# REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

For Other Than An Authorized Committee  
(Summary Page)

APR 20 3 38 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Health Insurance Political Action Committee of the Health Insurance Association of America	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 555 13th Street, NW, Suite 600 East	
CITY, STATE and ZIP CODE Washington, DC 20004-1109	
2. FEC IDENTIFICATION NUMBER C0110494	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- Twelfth day report preceding \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>3/1/98</u> through <u>3/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 59,833.21
(b) Cash on Hand at Beginning of Reporting Period	\$ 52,307.26	
(c) Total Receipts (from Line 19)	\$ 246.71	\$ 17,045.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 52,553.97	\$ 76,878.48
7. Total Disbursements (from Line 3D)	\$ 11,328.81	\$ 35,653.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 41,225.16	\$ 41,225.16
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9550 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	

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 <b>Joanne M. Duncan</b>	Date 4/20/98
Signature of Treasurer <i>Joanne M. Duncan</i>	

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM 3/1/98	TO: 3/31/98	
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		900.00	11(a)(i)
ii. Unitemized		904.76	11(a)(ii)
iii. Total (add i and ii) >	0.00	1,804.76	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) >	0.00	14,500.00	11(d)
12. Transfers From Affiliated/Other Party Committees		16,304.76	12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	246.71	740.51	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	246.71	17,045.27	19
20. Total Federal Receipts (subtract line 18 from line 19) >	246.71	17,045.27	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	400.70	590.58	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	400.70	590.58	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,928.11	34,562.74	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements		500.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	11,328.81	35,653.32	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	11,328.81	35,653.32	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11 d)	0.00	14,500.00	32
33. Total Contribution Refunds (from line 28 d)	0.00	0.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	0.00	14,500.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	400.70	590.58	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	400.70	590.58	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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.

<b>NAME OF COMMITTEE (in Full)</b> <b>HIPAC</b>			
<b>A. Full Name, Mailing Address and ZIP Code</b> NationsBank 730 15th Street, NW Washington, DC 20005	<b>Name of Employer</b> Interest -March	<b>Date (month, day, year)</b> 3/31/98	<b>Amount of Each Receipt This Period</b> 246.71
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b>	<b>Aggregate Year-to-Date</b> > \$ 740.51	
<b>B. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt This Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b>	<b>Aggregate Year-to-Date</b> > \$	
<b>C. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt This Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b>	<b>Aggregate Year-to-Date</b> > \$	
<b>D. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt This Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b>	<b>Aggregate Year-to-Date</b> > \$	
<b>E. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt This Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b>	<b>Aggregate Year-to-Date</b> > \$	
<b>F. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt This Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b>	<b>Aggregate Year-to-Date</b> > \$	
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt This Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b>	<b>Aggregate Year-to-Date</b> > \$	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....			<b>246.71</b>
<b>TOTAL This Period (last page this line number only)</b> .....			<b>246.71</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21b

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 committees.

**NAME OF COMMITTEE (in Full)** Health Insurance Political Action Committee of the Health Insurance Association of America

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NationsBank 730 15th Street, NW Washington, DC 20005-1012	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98	\$ 93.60
B. Full Name, Mailing Address and ZIP Code NationsBank 730 15th Street, NW Washington, DC 20005-1012	Purpose of Disbursement 1120 POL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/98	307.10
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) .....

\$400.70

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

\$400.70

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 23

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 Insurance Political Action Committee of the Health Insurance Association of America

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement (R-WI-2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Musser for Congress P.O. Box 628245 Middleton, WI 53562-8245		3/16/98	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Faircloth for Senate 507 Capitol Court, NW, Suite #100 Washington, DC 20002	(R-NC) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/98	1,000.00
C. Full Name, Mailing Address and ZIP Code Kay Granger Campaign Fund 910 Houston Street, Suite 105-C Fort Worth, TX 76102	(R-TX-12) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/98	500.00
D. Full Name, Mailing Address and ZIP Code The National Republican Senatorial Committee 425 Second Street, NE, Wash., DC 20002	Political Party Comm. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/98	1,000.00
E. Full Name, Mailing Address and ZIP Code Ben Cardin for Congress 38 Ivy Street, SE Washington, DC 20003	(D-MD-3) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/98	1,000.00
F. Full Name, Mailing Address and ZIP Code Whitfield for Congress P.O. Box 391 Hopkinsville, KY 42241	(R-KY-1) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/98	500.00
G. Full Name, Mailing Address and ZIP Code Collins for Congress 4010 Franconia Road Alexandria, VA 22310-2136	(R-CA-3) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/20/98	1,000.00
H. Full Name, Mailing Address and ZIP Code The Washington Fund P.O. Box 53393 Bellevue, WA 98015	PAC to PAC Transfer Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/20/98	1,000.00
I. Full Name, Mailing Address and ZIP Code Hulshof for Congress P.O. Box 1621 Columbia, MO 65205	(R-MO-9) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/20/98	500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 23.

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NAME OF COMMITTEE (in Full) Health Insurance Political Action Committee of the Health Insurance Association of America

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Blue Dog PAC 424 New Jersey Avenue, SE Washington, DC 20003	PAC to PAC transfer Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/20/98	\$ .500.00
B. Full Name, Mailing Address and ZIP Code Hastert for Congress Committee P.O. Box 625 Batavia, IL 60510	(R-IL-14) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/20/98	1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Newt Gingrich P.O. Box 1399 Roswell, GA 30077	(R-GA-6) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/20/98	1,000.00
D. Full Name, Mailing Address and ZIP Code The Monocle 107 D Street, NE Washington, DC 20002	R-GA-8 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/98	446.27
E. Full Name, Mailing Address and ZIP Code Michael P. Fortier 555 13th Street, NW, Suite 600 East Washington, DC 20004	Bilirakis R-FL-9 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/98	481.84
F. Full Name, Mailing Address and ZIP Code Bordonaro for Congress 811 12th Street Paso Robles, CA 93446	(R-CA-22) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/98	500.00
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)

3,928.11

TOTAL This Period (last page this line number only)

10,928.11

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>4-20-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SEP</i> PREPARER	<i>4-20-98</i> DATE PREPARED