

**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 #500  
 Check if different than previously reported. (ACC) WASHINGTON DC 20036

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

C00106740

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

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	(b) Monthly Report Due On:	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 (YE)	
	October 15 Quarterly Report(Q3)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
	January 31 Quarterly Report(YE)	Convention (12C)	Special (12G)			
	<input checked="" type="checkbox"/> July 31 Mid-Year Report(Non-election Year Only) (MY)	Election on			in the State of	
	Termination Report (TER)	(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 2003 through 06 30 2003

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 22 2003

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

Office Use Only							
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**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2003		5901.98
(b) Cash on Hand at Beginning of Reporting Period .....	5901.98	
(c) Total Receipts (from Line 19) .....	95805.08	95805.08
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	101707.06	101707.06
<hr/>		
7. Total Disbursements (from Line 31) .....	66623.90	66623.90
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	35083.16	35083.16
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
<hr/>		
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

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: <sup>M</sup>01 <sup>-</sup>01 <sup>-</sup>2003 To: <sup>M</sup>06 <sup>-</sup>30 <sup>-</sup>2003

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) .....	59438.34	
(ii) Unitemized .....	5866.74	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	65305.08	65305.08
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	29000.00	29000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	94305.08	94305.08
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 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	1500.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	95805.08	95805.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	95805.08	95805.08

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	773.90	773.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	773.90	773.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65850.00	65850.00
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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	66623.90	66623.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	66623.90	66623.90

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	94305.08	94305.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	94305.08	94305.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	773.90	773.90
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	773.90	773.90

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) <b>A. George Atkins</b>		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 221 N. Pitt St.		Transaction ID: SA11A1.5368
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Health Reform Strategies	Occupation Principal	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. John Baackes</b>		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 15 Pateman Circle		Transaction ID: SA11A1.5563
City Menands	State NY	Zip Code 12204
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Group Health Inc.	Occupation Senior VP	contribution
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Christy Bell</b>		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 3 Penn Plaza		Transaction ID: SA11A1.5368
City Newark	State NJ	Zip Code 07105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Horizon BC/BS	Occupation Senior VP	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1550.00</b>
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 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Laina Marshall Blake</b>		Date of Receipt M / D / Y 02 / 26 / 2003
Mailing Address 1901 Market St. 38th Floor		Transaction ID: SA11A1.5311
City Philadelphia	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Independence Blue Cross	Occupation VP	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Carmela Bocchino</b>		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 820 S. Fairfax St.		Transaction ID: SA11A1.5374
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer AAHP	Occupation VP	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Carmela Bocchino</b>		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 820 S. Fairfax St.		Transaction ID: SA11A1.5502
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer AAHP	Occupation VP	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>900.00</b>
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 8 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Carmela Bocchino</b>		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 820 S. Fairfax St.		Transaction ID: SA11A1.5509
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>400.00</b>
Name of Employer AAHP	Occupation VP	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1050.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Robert Borchardt</b>		Date of Receipt M / D / Y 05 / 30 / 2003
Mailing Address 17434 Avenleigh Dr.		Transaction ID: SA11A1.5440
City Ashton	State MD	Zip Code 20861
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>50.00</b>
Name of Employer AAHP	Occupation VP of Finance	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Robert Borchardt</b>		Date of Receipt M / D / Y 06 / 27 / 2003
Mailing Address 17434 Avenleigh Dr.		Transaction ID: SA11A1.5517
City Ashton	State MD	Zip Code 20861
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>50.00</b>
Name of Employer AAHP	Occupation VP of Finance	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>500.00</b>
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 9 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Frank Branchini</b>		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 441 9th Ave.		Transaction ID: SA11A1.5567
City New York	State NY	Zip Code 10001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Group Health Inc.	Occupation President/CEO	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Garry Camthers</b>		Date of Receipt M / D / Y 02 / 26 / 2003
Mailing Address 7801 Academy Bldg. 2 #200		Transaction ID: SA11A1.5514
City Albuquerque	State NM	Zip Code 87109
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Cimarron Health Plan	Occupation President	contribution
Receipt For:      2004 Primary      X General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Chensler</b>		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 379 Fairmount Ave.		Transaction ID: SA11A1.5572
City Jersey City	State NJ	Zip Code 07308
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Group Health Inc	Occupation SVP/General Counsel	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3250.00</b>
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 10 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. Teresa Chovan</b>		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 474D Conn. Ave., NW #107		Transaction ID: SA11A1.5423
City Washington	State DC	Zip Code 20008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer AAHP	Occupation Director	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

Full Name (Last, First, Middle Initial) <b>B. Patricia Clurey</b>		Date of Receipt M / D / Y 02 / 28 / 2003
Mailing Address 80 Parker Ave. #205		Transaction ID: SA11A1.5300
City San Francisco	State CA	Zip Code 94118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer HealthNet	Occupation VP	contribution
Receipt For: 2004 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼	
	500.00	

Full Name (Last, First, Middle Initial) <b>C. Shelley Cranley</b>		Date of Receipt M / D / Y 02 / 28 / 2003
Mailing Address P.O. Box 15845		Transaction ID: SA11A1.5301
City Las Vegas	State NV	Zip Code 89114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Sierra Health Services	Occupation Asst. VP	contribution
Receipt For: 2004 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 58	
	<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) <b>A. Joe Criscone</b>		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 1215 K St., #2010		Transaction ID: SA11A1.5291
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Blue Shield of CA	Occupation Senior Consultant	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Joe Criscone</b>		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 1215 K St., #2010		Transaction ID: SA11A1.5506
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Blue Shield of CA	Occupation Senior Consultant	contribution
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Charles Cutler</b>		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 458 Lenox Ave.		Transaction ID: SA11A1.5370
City South Orange	State NJ	Zip Code 07079
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer AAHP	Occupation Chief Medical Officer	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1000.00</b>
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 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Diana Dennett</b>		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 3412 Q Street, N.W.		Transaction ID: SA11A1.5428
City Washington	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer AAHP	Occupation Executive Vice President	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Diana Dennett</b>		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 3412 Q Street, N.W.		Transaction ID: SA11A1.5495
City Washington	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer AAHP	Occupation Executive Vice President	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Matlyn DeQuatro</b>		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 441 9th Avenue		Transaction ID: SA11A1.5574
City New York	State NY	Zip Code 10001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Group Health Inc.	Occupation SVP	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1450.00</b>
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 / 58	
	<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) <b>A. Mary Elizabeth Donahue</b>		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 1415 29th St, NW		Transaction ID: SA11A1.5278
City	State	Zip Code
Washington	DC	20007
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer AAHP	Occupation VP	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mary Elizabeth Donahue</b>		Date of Receipt M / D / Y 08 / 23 / 2003
Mailing Address 1415 29th St, NW		Transaction ID: SA11A1.5488
City	State	Zip Code
Washington	DC	20007
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer AAHP	Occupation VP	contribution
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Dudley</b>		Date of Receipt M / D / Y 08 / 24 / 2003
Mailing Address 4417 Corporation Lane		Transaction ID: SA11A1.5500
City	State	Zip Code
Virginia Beach	VA	23462
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Sentara Health Management	Occupation President	contribution
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1500.00</b>
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 14 / 58	
	<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) <b>A. Behrends Foster</b>		Date of Receipt M / D / Y 02 / 26 / 2003
Mailing Address 2211 Clark Place		Transaction ID: SA11A1.5302
City Silver Spring	State MD	Zip Code 20902
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer AAHP	Occupation Director	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Behrends Foster</b>		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address 2211 Clark Place		Transaction ID: SA11A1.5471
City Silver Spring	State MD	Zip Code 20902
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer AAHP	Occupation Director	contribution
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. John Frederick</b>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 478 Arden Circle		Transaction ID: SA11A1.5422
City Shoreview	State MN	Zip Code 55128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Preferred One	Occupation	contribution
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts TNs Page (optional) .....	▶	<b>1050.00</b>
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 15 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Herbert Fitch</b>		Date of Receipt M / D / Y 02 / 26 / 2003
Mailing Address 44 Vantage Way #300		Transaction ID: SA11A1.5312
City Nashville	State TN	Zip Code 37228
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Health Spring	Occupation CEO	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Jay Gallert</b>		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address 21850 Oxnard St #2200		Transaction ID: SA11A1.5288
City Woodland Hills	State CA	Zip Code 91367
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Health Nat, Inc.	Occupation President/CEO	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Elise Gemainhardt</b>		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 4815 4th Road North		Transaction ID: SA11A1.5281
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer United Health Group	Occupation VP	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>3300.00</b>
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 16 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Jeffrey Goodwin</b>		Date of Receipt M / D / Y 02 / 26 / 2003
Mailing Address 441 9th Ave.		Transaction ID: SA11A1.5303
City New York	State NY	Zip Code 10001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Group Health Inc.	Occupation Director	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Julie Goon</b>		Date of Receipt M / D / Y 02 / 26 / 2003
Mailing Address 4521 4th Road N		Transaction ID: SA11A1.5304
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer AAHP	Occupation VP Public Affairs	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1120.00	

Full Name (Last, First, Middle Initial) <b>C. Julie Goon</b>		Date of Receipt M / D / Y 03 / 28 / 2003
Mailing Address 4521 4th Road N		Transaction ID: SA11A1.5309
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer AAHP	Occupation VP Public Affairs	contribution
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1180.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1310.00</b>
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 17 / 58	
	<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. Julie Goon		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 4521 4th Road N		Transaction ID: SA11A1.5393
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer AAHP	Occupation VP Public Affairs	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1240.00	

Full Name (Last, First, Middle Initial) B. Julie Goon		Date of Receipt M / D / Y 05 / 30 / 2003
Mailing Address 4521 4th Road N		Transaction ID: SA11A1.5455
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer AAHP	Occupation VP Public Affairs	contribution
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) C. Julie Goon		Date of Receipt M / D / Y 06 / 27 / 2003
Mailing Address 4521 4th Road N		Transaction ID: SA11A1.5528
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer AAHP	Occupation VP Public Affairs	contribution
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1360.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>180.00</b>
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 18 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Howard Greenberg</b>		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 54 Hicksville Road		Transaction ID: SA11A1.5578
City Massapequa	State NY	Zip Code 11758
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Group Health Inc.	Occupation SVP	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. William Gueri</b>		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 23 North Rd.		Transaction ID: SA11A1.5584
City Pearl River	State NY	Zip Code 10965
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Group Health Inc.	Occupation SVP	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. George Halverson</b>		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 8100 34th Ave. South P.O. Box 1309		Transaction ID: SA11A1.5499
City Minneapolis	State MN	Zip Code 55440
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer HealthPartners, Inc.	Occupation President/CEO	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2550.00</b>
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 10 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. David Henderson</b>		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 50 Fernwood Road		Transaction ID: SA11A1.5585
City Larchmont	State NY	Zip Code 10538
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Group Health Inc.	Occupation SVP	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Hudson</b>		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address P.O. Box 749		Transaction ID: SA11A1.5503
City Gainesville	State FL	Zip Code 32602
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer AvMed Health Plan	Occupation President/CEO	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Karan Ignagni</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 3105 Chesapeake St., NW		Transaction ID: SA11A1.5470
City Washington	State DC	Zip Code 20008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer AAHP	Occupation President/CEO	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3250.00</b>
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 20 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Stephanie Karwit</b>		Date of Receipt M / D / Y 05 / 30 / 2003
Mailing Address 117 Cameron Mews		Transaction ID: SA11A1.5463
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer AAHP	Occupation Sr. VP	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Isadora King</b>		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 2875 W. Grand Blvd.		Transaction ID: SA11A1.5494
City Detroit	State MI	Zip Code 48202
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer The Wellness Plan	Occupation President/CEO	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Tony Lamb</b>		Date of Receipt M / D / Y 02 / 26 / 2003
Mailing Address 713 N. Cleveland St		Transaction ID: SA11A1.5305
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer AAHP	Occupation Director	contribution
Receipt For: Primary      2004 X General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2250.00</b>
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 21 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Tony Lamb</b>		Date of Receipt M / D / Y 06 / 27 / 2003
Mailing Address 713 N. Cleveland St		Transaction ID: SA11A1.5532
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.84
Name of Employer AAHP	Occupation Director	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.84	

Full Name (Last, First, Middle Initial) <b>B. Gerald Landgraf</b>		Date of Receipt M / D / Y 02 / 26 / 2003
Mailing Address 7801 Academy NE NT2 #200		Transaction ID: SA11A1.5306
City Albuquerque	State NM	Zip Code 87109
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Health Care Horizons	Occupation CEO	contribution
Receipt For: Primary      2004 X General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Gerald Landgraf</b>		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 7801 Academy NE NT2 #200		Transaction ID: SA11A1.5496
City Albuquerque	State NM	Zip Code 87109
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Health Care Horizons	Occupation CEO	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1220.84</b>
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 / 58	
	<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) <b>A. Nancy Leaming</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 30 Constellation Wharf		Transaction ID: SA11A1.5431
City Charlestown	State MA	Zip Code 02129
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Tufts Health Plan	Occupation OOO	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Lufano</b>		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 8113 Middle Fork Way		Transaction ID: SA11A1.5278
City Jacksonville	State FL	Zip Code 32256
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer BC/BS of Florida	Occupation President/CEO	contribution
Receipt For: Primary      2004 X General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Donna Lynne</b>		Date of Receipt M / D / Y 08 / 25 / 2003
Mailing Address 601 West End Ave. #4A		Transaction ID: SA11A1.5595
City New York	State NY	Zip Code 10024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Group Health Inc.	Occupation Executive VP	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>4000.00</b>
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 23 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Anthony Marlon</b>		Date of Receipt M / D / Y 03 / 12 / 2003
Mailing Address P.O. Box 15645		Transaction ID: SA11A1.5385
City Las Vegas	State NV	Zip Code 89114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Sierra Health Services	Occupation Chairman & CEO	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Mike McCallister</b>		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address 500 W. Main St. 6th Floor		Transaction ID: SA11A1.5289
City Louisville	State KY	Zip Code 40202
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Humana, Inc.	Occupation President/CEO	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. William McGallum</b>		Date of Receipt M / D / Y 08 / 23 / 2003
Mailing Address 8515 E. Orchard Rd.		Transaction ID: SA11A1.5489
City Englewood	State CO	Zip Code 80111
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Great West	Occupation President/CEO	contribution
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>5000.00</b>
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 24 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. William McHugh</b>		Date of Receipt M / D / Y 06 / 16 / 2003
Mailing Address 511 Farber Lakes Drive		Transaction ID: SA11A1.5484
City Buffalo	State NY	Zip Code 14221
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Independent Health	Occupation Executive VP	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Peter Meade</b>		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 401 Park Drive		Transaction ID: SA11A1.5371
City Boston	State MA	Zip Code 02215
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer BC/BS of Mass.	Occupation Exec. VP	contribution
Receipt For:      2004 Primary      X General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Kenneth Melani</b>		Date of Receipt M / D / Y 08 / 23 / 2003
Mailing Address 1 Chestnut Lane		Transaction ID: SA11A1.5490
City Cheswick	State PA	Zip Code 15024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Highmark BlueCross BlueShield	Occupation President/CEO	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>4250.00</b>
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 / 58	
	<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) <b>A. Marcus Merz</b>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 8105 Gloden Hills Dr.		Transaction ID: SA11A1.5418
City Golden Valley	State MN	Zip Code 55416
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer PreferredOne	Occupation President/CEO	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas Nemeth</b>		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 441 9th Ave. 8TH Floor		Transaction ID: SA11A1.5611
City New York	State NY	Zip Code 10001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Group Health Inc.	Occupation SVP	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Peter O'Neill</b>		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address P.O. Box 15845		Transaction ID: SA11A1.5372
City Las Vegas	State NV	Zip Code 89114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Sierra Health Services	Occupation VP	contribution
Receipt For: Primary      2004 X General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2500.00</b>
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 26 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. David Otker</b>		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address 194 Stage Road		Transaction ID: SA11A1.5425
City Charlton	State NY	Zip Code 12019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer MVP Health Care	Occupation President/CEO	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Howard Phanstiel</b>		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address 312D Lake Center Drive MS-LC01-354		Transaction ID: SA11A1.5286
City Santa Ana	State CA	Zip Code 92704
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer PacifiCare Health Systems	Occupation President/CEO	contribution
Receipt For:      2004 Primary      X General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Susan Plesano</b>		Date of Receipt M / D / Y 02 / 26 / 2003
Mailing Address 551D Lincoln St		Transaction ID: SA11A1.5292
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer AAHP	Occupation VP	contribution
Receipt For:      2004 Primary      X General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3120.00</b>
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 27 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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. Susan Pisano		Date of Receipt M / D / Y 03 / 28 / 2003
Mailing Address 551 D Lincoln St		Transaction ID: SA11A1.5383
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer AAHP	Occupation VP	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Susan Pisano		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 551 D Lincoln St		Transaction ID: SA11A1.5390
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer AAHP	Occupation VP	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Susan Pisano		Date of Receipt M / D / Y 05 / 30 / 2003
Mailing Address 551 D Lincoln St		Transaction ID: SA11A1.5433
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer AAHP	Occupation VP	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	360.00
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 28 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Susan Pisano</b>		Date of Receipt M / D / Y 06 / 27 / 2003
Mailing Address 551 D Lincoln St		Transaction ID: SA11A1.5511
City	State	Zip Code
Bethesda	MD	20817
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer AAHP	Occupation VP	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) <b>B. Richard Ramsey</b>		Date of Receipt M / D / Y 06 / 27 / 2003
Mailing Address 1276 North Wayne		Transaction ID: SA11A1.5522
City	State	Zip Code
Arlington	VA	22201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 166.66
Name of Employer AAHP	Occupation Deputy General Counsel	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) <b>C. Randi Reibel</b>		Date of Receipt M / D / Y 02 / 26 / 2003
Mailing Address 15137 Dear Valley Terrace		Transaction ID: SA11A1.5307
City	State	Zip Code
Silver Spring	MD	20908
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer AAHP	Occupation Executive Director	contribution
Receipt For:      2004 Primary      X General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>536.66</b>
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 28 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Leo Rogers</b>		Date of Receipt M / D / Y 06 / 23 / 2003
Mailing Address 82 Skyline Drive		Transaction ID: SA11A1.5488
City Morristown	State NJ	Zip Code 07960
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Horizon BC/BS	Occupation Director	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Aran Ron</b>		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 1013 Constable Drive		Transaction ID: SA11A1.5605
City Mamaroneck	State NY	Zip Code 10543
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Group Health Inc.	Occupation SVP	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. James Roosevelt, Jr.</b>		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 333 Wyman St		Transaction ID: SA11A1.5277
City Waltham	State MA	Zip Code 02454
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Tufts Health Plan	Occupation	contribution
Receipt For: Primary      2004 X General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
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 / 58	
	<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) <b>A. Donald Ryan</b>		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 189 Myers Corners Road		Transaction ID: SA11A1.5378
City Wappingers Falls	State NY	Zip Code 12590
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer CareCore National	Occupation CEO	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Louis Saccoccia</b>		Date of Receipt M / D / Y 02 / 28 / 2003
Mailing Address 1434 Jerrold Place		Transaction ID: SA11A1.5308
City Crofton	State MD	Zip Code 21114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer AAHP	Occupation General Counsel	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Louis Saccoccia</b>		Date of Receipt M / D / Y 05 / 30 / 2003
Mailing Address 1434 Jerrold Place		Transaction ID: SA11A1.5488
City Crofton	State MD	Zip Code 21114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer AAHP	Occupation General Counsel	contribution
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>625.00</b>
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 31 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Louis Saccoccio</b>		Date of Receipt M / D / Y 06 / 27 / 2003
Mailing Address 1434 Jerrold Place		Transaction ID: SA11A1.5598
City Crafton	State MD	Zip Code 21114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer AAHP	Occupation General Counsel	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Candace Schaler</b>		Date of Receipt M / D / Y 02 / 26 / 2003
Mailing Address 3835 N. 26th St		Transaction ID: SA11A1.5309
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer AAHP	Occupation VP	contribution
Receipt For: Primary      2004 X General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Cheryl Scott</b>		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address 521 Wall Street		Transaction ID: SA11A1.5285
City Seattle	State WA	Zip Code 98121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Group Health Cooperative	Occupation President/CEO	contribution
Receipt For: Primary      2004 X General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2625.00</b>
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 32 / 58	
	<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) <b>A. Harvey Sigelbaum</b>		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 115 Fifth Avenue 7th Floor		Transaction ID: SA11A1.5504
City State Zip Code New York NY 10003	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer MultiPlan, Inc.	Occupation President/CEO	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Charles Steler</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 2932 Albemarle St., NW		Transaction ID: SA11A1.5469
City State Zip Code Washington DC 20008	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer AAHP	Occupation Executive VP	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Stocker</b>		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address One World Trade Center		Transaction ID: SA11A1.5290
City State Zip Code New York NY 10048	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 2000.00
Name of Employer Empire HealthChoice	Occupation President/CEO	contribution
Receipt For: 2004 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>4000.00</b>
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 / 58	
	<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) <b>A. Scott Styles</b>		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 9 East Del Ray Ave.		Transaction ID: SA11A1.5375
City Alexandria	State VA	Zip Code 22301
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer AAHP	Occupation Executive Director	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Tuffin</b>		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 8049 Shaffer Drive		Transaction ID: SA11A1.5429
City Alexandria	State VA	Zip Code 22310
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer AAHP	Occupation Director	contribution
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Mark Van Koevring</b>		Date of Receipt M / D / Y 08 / 27 / 2003
Mailing Address 238 Manor Circle		Transaction ID: SA11A1.5529
City Takoma Park	State MD	Zip Code 20912
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer AAHP	Occupation Deputy Director	contribution
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1140.00</b>
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 / 58	
	<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) <b>A. Anthony Watson</b>		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address 7 W 34th Street		Transaction ID: SA11A1.5287
City New York	State NY	Zip Code 10001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer HIP Health Plan	Occupation Chairman/CEO	contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Wehmayer, III</b>		Date of Receipt M / D / Y 08 / 24 / 2003
Mailing Address 1821 Kalorama Rd., NW		Transaction ID: SA11A1.5498
City Washington	State DC	Zip Code 20009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer AAHP	Occupation Legislative Specialist	contribution
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.84	

Full Name (Last, First, Middle Initial) <b>C. Robert Wehmayer, III</b>		Date of Receipt M / D / Y 08 / 27 / 2003
Mailing Address 1821 Kalorama Rd., NW		Transaction ID: SA11A1.5531
City Washington	State DC	Zip Code 20009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.84
Name of Employer AAHP	Occupation Legislative Specialist	contribution
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.68	

SUBTOTAL of Receipts This Page (optional) .....	<b>2270.84</b>
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 35 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) <b>A. Jed Weisberg</b>		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address One Kaiser Plaza		Transaction ID: SA11A1.5501
City	State	Zip Code
Oakland	CA	94612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer The Permanente Federation	Occupation Assoc. Exec. Dir.	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Christina Yehle</b>		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 431 D S. 35th St.		Transaction ID: SA11A1.5427
City	State	Zip Code
Arlington	VA	22206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer AAHP	Occupation Associate General Counsel	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>59438.34</b>

**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 / 58	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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) <b>A. ANTHEM INSURANCE COMPANIES INC. GOOD GOVERNMENT PROGRAM PAC</b>		Date of Receipt M / D / Y 03 / 13 / 2003
Mailing Address 120 Monument Circle		Transaction ID: SA11C.5363
City Indianapolis	State IN	Zip Code 46204
FEC ID number of contributing federal political committee. <b>C</b> C00198069		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. GREAT-WEST LIFE &amp; ANNUITY INSURANCE COMPANY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M / D / Y 06 / 23 / 2003
Mailing Address 8515 E ORCHARD ROAD		Transaction ID: SA11C.5492
City ENGLEWOOD	State CO	Zip Code 80111
FEC ID number of contributing federal political committee. <b>C</b> C00263723		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. HIGHMARK HEALTH PAC</b>		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 1800 Center St.		Transaction ID: SA11C.5275
City Camp Hill	State PA	Zip Code 17089
FEC ID number of contributing federal political committee. <b>C</b> C00302844		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	7000.00
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 / 58	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" 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) <b>A. HUMANA INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M / D / Y 04 / 03 / 2003
Mailing Address 1776 Eye Street NW Suite 890		Transaction ID: SA11C.5378
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. <b>C</b> C00271007		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. INDEPENDENT HEALTH ASSOCIATION INC POLITICAL ALLIANCE</b>		Date of Receipt M / D / Y 06 / 16 / 2003
Mailing Address 2495 KENSINGTON AVENUE		Transaction ID: SA11C.5485
City BUFFALO	State NY	Zip Code 14226
FEC ID number of contributing federal political committee. <b>C</b> CD0323758		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. PACIFICARE PAC</b>		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 312D Laka Center Dr. P.O. Box 25188		Transaction ID: SA11C.5283
City Santa Ana	State CA	Zip Code 92759
FEC ID number of contributing federal political committee. <b>C</b> CD0240903		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>15000.00</b>
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 / 58	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" 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) <b>A. PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M / D / Y 04 / 22 / 2003
Mailing Address 711 HIGH ST/TAX DEPT		Transaction ID: SA11C.5382
City	State	Zip Code
DES MOINES	IA	50302
FEC ID number of contributing federal political committee. <b>C</b> C00128018		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. SIERRA HEALTH SERVICES POLITICAL ACTION COMMITTEE (SHSPAC)</b>		Date of Receipt M / D / Y 03 / 12 / 2003
Mailing Address PO BOX 15845		Transaction ID: SA11C.5382
City	State	Zip Code
LAS VEGAS	NV	89114
FEC ID number of contributing federal political committee. <b>C</b> C00295380		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts TNs Page (optional) .....	▶	7000.00
TOTAL This Period (last page this line number only) .....	▶	29000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 58	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 12
		<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. KEEP OUR MAJORITY POLITICAL ACTION COMMITTEE (KOMPAK)		Date of Receipt M / D / Y 02 / 23 / 2003
Mailing Address PDST OFFICE BOX 2020B		Transaction ID: SA16.5274
City ALEXANDRIA	State VA	Zip Code 22320
FEC ID number of contributing federal political committee. C C00307405		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	overpaid 2002 contributions
Receipt For: 2002 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	1500.00
TOTAL This Period (last page this line number only) .....	▶	1500.00

**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)						PAGE 40 / 58
	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b	

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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			Transaction ID: SB21B.5477 Date of Disbursement 03 / 19 / 2003		
Mailing Address 1913 Mass. Ave., NW			Amount of Each Disbursement this Period  291.58		
City Washington	State DC	Zip Code 20036			
Purpose of Disbursement Visa/MC fee		Category/ Type			
Candidate Name					
Office Sought: House Senate President	Disbursement For: 2003 Primary X General Other (specify) ▼	State: District			

Full Name (Last, First, Middle Initial) B. Riggs National Bank			Transaction ID: SB21B.5475 Date of Disbursement 03 / 28 / 2003		
Mailing Address 1913 Mass. Ave., NW			Amount of Each Disbursement this Period  100.51		
City Washington	State DC	Zip Code 20036			
Purpose of Disbursement Amex fee		Category/ Type			
Candidate Name					
Office Sought: House Senate President	Disbursement For: 2003 Primary X General Other (specify) ▼	State: District			

Full Name (Last, First, Middle Initial) C. Riggs National Bank			Transaction ID: SB21B.5473 Date of Disbursement 03 / 31 / 2003		
Mailing Address 1913 Mass. Ave., NW			Amount of Each Disbursement this Period  0.37		
City Washington	State DC	Zip Code 20036			
Purpose of Disbursement cc fee		Category/ Type			
Candidate Name					
Office Sought: House Senate President	Disbursement For: 2003 Primary X General Other (specify) ▼	State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	392.44
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)						PAGE 41 / 58
	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b	

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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		Transaction ID: SB21B.5480 Date of Disbursement 04 / 22 / 2003	
Mailing Address 1913 Mass. Ave., NW		Amount of Each Disbursement this Period 3.66	
City Washington	State DC	Zip Code 20036	Category/ Type
Purpose of Disbursement MC/Visa fee		Candidate Name	
Office Sought: House Senate President			
State: District	Disbursement For: 2003 Primary X General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Riggs National Bank		Transaction ID: SB21B.5479 Date of Disbursement 04 / 28 / 2003	
Mailing Address 1913 Mass. Ave., NW		Amount of Each Disbursement this Period 10.35	
City Washington	State DC	Zip Code 20036	Category/ Type
Purpose of Disbursement Amex fee		Candidate Name	
Office Sought: House Senate President			
State: District	Disbursement For: 2003 Primary X General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Riggs National Bank		Transaction ID: SB21B.5478 Date of Disbursement 04 / 30 / 2003	
Mailing Address 1913 Mass. Ave., NW		Amount of Each Disbursement this Period 0.37	
City Washington	State DC	Zip Code 20036	Category/ Type
Purpose of Disbursement cc fee		Candidate Name	
Office Sought: House Senate President			
State: District	Disbursement For: 2003 Primary X General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	14.38
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)						PAGE 42 / 58
	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b	

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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			Transaction ID: SB21B.5481 Date of Disbursement 05 / 29 / 2003		
Mailing Address 1913 Mass. Ave., NW			Amount of Each Disbursement this Period  18.00		
City Washington	State DC	Zip Code 20036			
Purpose of Disbursement Amax fee		Category/ Type			
Candidate Name					
Office Sought: House Senate President	Disbursement For: 2003 Primary X General Other (specify) ▼	State: District			

Full Name (Last, First, Middle Initial) B. Riggs National Bank			Transaction ID: SB21B.5482 Date of Disbursement 05 / 31 / 2003		
Mailing Address 1913 Mass. Ave., NW			Amount of Each Disbursement this Period  0.37		
City Washington	State DC	Zip Code 20036			
Purpose of Disbursement cc fee		Category/ Type			
Candidate Name					
Office Sought: House Senate President	Disbursement For: 2003 Primary X General Other (specify) ▼	State: District			

Full Name (Last, First, Middle Initial) C. Riggs National Bank			Transaction ID: SB21B.5483 Date of Disbursement 06 / 30 / 2003		
Mailing Address 1913 Mass. Ave., NW			Amount of Each Disbursement this Period  0.37		
City Washington	State DC	Zip Code 20036			
Purpose of Disbursement cc fee		Category/ Type			
Candidate Name					
Office Sought: House Senate President	Disbursement For: 2003 Primary X General Other (specify) ▼	State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	18.74
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 checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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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		Transaction ID: SB21B.5613 Date of Disbursement 06 / 30 / 2003		
Mailing Address 1913 Mass. Ave., NW		Amount of Each Disbursement this Period  35.15		
City Washington	State DC			Zip Code 20036
Purpose of Disbursement Amax fees				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) .....	▶	35.15
TOTAL This Period (last page this line number only) .....	▶	460.71

**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)				PAGE 44 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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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) <b>A. A LOT OF PEOPLE SUPPORTING TOM DASCHLE INC</b>		Transaction ID: SB23.5405 Date of Disbursement 05 / 20 / 2003	
Mailing Address P O BOX 1656		Amount of Each Disbursement this Period  2000.00	
City SIOUX FALLS	State SD		Zip Code 57101
Purpose of Disbursement fundraiser			Category/ Type
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: SD	District: D0		

Full Name (Last, First, Middle Initial) <b>B. America's Foundation</b>		Transaction ID: SB23.5341 Date of Disbursement 04 / 15 / 2003	
Mailing Address 128 North Columbus St		Amount of Each Disbursement this Period  2000.00	
City Alexandria	State VA		Zip Code 22314
Purpose of Disbursement fundraiser			Category/ Type
Candidate Name			
Office Sought: House <input type="checkbox"/> Senate President	Disbursement For: 2003 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICA'S MAJORITY TRUST</b>		Transaction ID: SB23.5541 Date of Disbursement 06 / 18 / 2003	
Mailing Address 1155 21st Street NW Suite 300		Amount of Each Disbursement this Period  1000.00	
City Washington	State DC		Zip Code 20036
Purpose of Disbursement fundraiser			Category/ Type
Candidate Name			
Office Sought: House <input type="checkbox"/> Senate President	Disbursement For: 2003 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>5000.00</b>
<b>TOTAL</b> 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)				PAGE 45 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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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) <b>A. BILIRAKIS, MICHAEL</b>		Transaction ID: SB23.5413 Date of Disbursement 06 / 04 / 2003	
Mailing Address PO BOX 697			
City TARPON SPRINGS	State FL	Zip Code 34688	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 State: FL District: D8	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. BLUE DOG POLITICAL ACTION COMMITTEE</b>		Transaction ID: SB23.5324 Date of Disbursement 03 / 13 / 2003	
Mailing Address PO BOX 7668			
City WASHINGTON	State DC	Zip Code 20044	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement fundraiser		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2003 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. BRADY FOR CONGRESS</b>		Transaction ID: SB23.5544 Date of Disbursement 06 / 18 / 2003	
Mailing Address P.O. Box 8277			
City The Woodlands	State TX	Zip Code 77387	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 State: TX District: D8	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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)				PAGE 46 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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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) <b>A. BUNNING, JIM</b>		Transaction ID: SB23.5353 Date of Disbursement 05 / 05 / 2003	
Mailing Address 1717 DIXIE HWY			
City FORT WRIGHT	State KY	Zip Code 41011	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: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: KY	District: D0		

Full Name (Last, First, Middle Initial) <b>B. CARPER FOR SENATE</b>		Transaction ID: SB23.5353 Date of Disbursement 06 / 25 / 2003	
Mailing Address 240 NORTH JAMES STREET SUITE 100A			
City NEWPORT	State DE	Zip Code 19804	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: 2006 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: DE	District: D0		

Full Name (Last, First, Middle Initial) <b>C. CHRIS JOHN FOR CONGRESS COMMITTEE INC</b>		Transaction ID: SB23.5338 Date of Disbursement 04 / 15 / 2003	
Mailing Address PO Box 971			
City CROWLEY	State LA	Zip Code 70527	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: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: LA	District: D7		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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)				PAGE 47 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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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) <b>A. Committee for Preservation Capitalism</b>		Transaction ID: SB23.5320 Date of Disbursement 03 / 13 / 2003	
Mailing Address P.O. Box 22614			
City Alexandria	State VA	Zip Code 22304	Amount of Each Disbursement this Period  5000.00
Purpose of Disbursement fundraiser		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2003 Primary X General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. DASHPAC</b>		Transaction ID: SB23.5417 Date of Disbursement 06 / 04 / 2003	
Mailing Address 424 G 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 Senate President	Disbursement For: 2003 Primary X General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>C. EARL POMEROY FOR CONGRESS</b>		Transaction ID: SB23.5399 Date of Disbursement 05 / 14 / 2003	
Mailing Address POST OFFICE BOX 75214			
City Washington	State DC	Zip Code 20013	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: 2004 Primary X General Other (specify) ▼		
State: ND District 1			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> 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)				PAGE 48 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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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		Transaction ID: SB23.5326 Date of Disbursement 03 / 13 / 2003	
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: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: IN	District		

Full Name (Last, First, Middle Initial) B. FOLEY, MARK		Transaction ID: SB23.5342 Date of Disbursement 04 / 15 / 2003	
Mailing Address P.O. Box 30505			
City Palm Beach Gardens	State FL	Zip Code 33420	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: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: FL	District 16		

Full Name (Last, First, Middle Initial) C. FRIENDS OF BLANCHE LINCOLN		Transaction ID: SB23.5336 Date of Disbursement 04 / 01 / 2003	
Mailing Address PO BOX 3197 P O BOX 118			
City LITTLE ROCK	State AR	Zip Code 72203	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: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: AR	District 00		

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>3000.00</b>
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)				PAGE 49 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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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 CHRIS DODD 2004		Transaction ID: SB23.5349 Date of Disbursement 04 / 21 / 2003	
Mailing Address PO BOX 270701			
City WEST HARTFORD	State CT	Zip Code 06127	Amount of Each Disbursement this Period  2000.00
Purpose of Disbursement fundraiser		Category/ Type	
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: CT	District: D0		

Full Name (Last, First, Middle Initial) B. FRIENDS OF JENNIFER B DUNN		Transaction ID: SB23.5318 Date of Disbursement 03 / 13 / 2003	
Mailing Address P.O. Box 40110			
City Bellevue	State WA	Zip Code 08015	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: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: WA	District: D8		

Full Name (Last, First, Middle Initial) C. FRIENDS OF MIKE FERGUSON		Transaction ID: SB23.5329 Date of Disbursement 03 / 14 / 2003	
Mailing Address P.O. Box 125			
City Cliffside Park	State NJ	Zip Code 07010	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: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: NJ	District: D7		

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>4000.00</b>
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)				PAGE 50 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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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) <b>A. FRIENDS OF ROY BLUNT</b>		Transaction ID: SB23.5355 Date of Disbursement 05 / 05 / 2003	
Mailing Address P.O. Box 50100			
City Springfield	State MO	Zip Code 65805	Amount of Each Disbursement this Period  2000.00
Purpose of Disbursement fundraiser		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MO District: 7	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. HOYER FOR CONGRESS</b>		Transaction ID: SB23.5408 Date of Disbursement 05 / 20 / 2003	
Mailing Address 7905 MALCOLM ROAD SUITE 102			
City CLINTON	State MD	Zip Code 20735	Amount of Each Disbursement this Period  2000.00
Purpose of Disbursement fundraiser		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MD District: 05	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JOHN BREAUX COMMITTEE</b>		Transaction ID: SB23.5540 Date of Disbursement 06 / 18 / 2003	
Mailing Address POST OFFICE BOX 4042			
City BATON ROUGE	State LA	Zip Code 70821	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 State: LA District: 00	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> 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)	PAGE 51 / 58
	<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 <input type="checkbox"/> 30b	

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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. JUDD GREGG COMMITTEE		Transaction ID: SB23.5327 Date of Disbursement 03 / 13 / 2003
Mailing Address PO BOX 1812		Amount of Each Disbursement this Period  2000.00
City CONCORD	State NH	
Zip Code 03302	Category/ Type	
Purpose of Disbursement fundraiser	Candidate Name	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: NH	District: D0	

Full Name (Last, First, Middle Initial) B. JUDD GREGG COMMITTEE		Transaction ID: SB23.5415 Date of Disbursement 06 / 04 / 2003
Mailing Address PO BOX 1812		Amount of Each Disbursement this Period  1000.00
City CONCORD	State NH	
Zip Code 03302	Category/ Type	
Purpose of Disbursement fundraiser	Candidate Name	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: NH	District: D0	

Full Name (Last, First, Middle Initial) C. JUDY BIGBERT FOR CONGRESS		Transaction ID: SB23.5556 Date of Disbursement 06 / 25 / 2003
Mailing Address PO BOX 837		Amount of Each Disbursement this Period  1000.00
City HINSDALE	State IL	
Zip Code 60522	Category/ Type	
Purpose of Disbursement fundraiser	Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: IL	District: 13	

SUBTOTAL of Disbursements This Page (optional) .....	▶	4000.00
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)				PAGE 52 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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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) <b>A. KEEP OUR MAJORITY POLITICAL ACTION COMMITTEE (KOMPAC)</b>		Transaction ID: SB23.5331 Date of Disbursement 03 / 14 / 2003	
Mailing Address POST OFFICE BOX 20209		Amount of Each Disbursement this Period  2500.00	
City ALEXANDRIA	State VA		Zip Code 22320
Purpose of Disbursement fundraiser			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2003 Primary X General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. KEEP OUR MAJORITY POLITICAL ACTION COMMITTEE (KOMPAC)</b>		Transaction ID: SB23.5416 Date of Disbursement 06 / 04 / 2003	
Mailing Address POST OFFICE BOX 20209		Amount of Each Disbursement this Period  2500.00	
City ALEXANDRIA	State VA		Zip Code 22320
Purpose of Disbursement fundraiser			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2003 Primary X General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. LEADERSHIP PAC 2002</b>		Transaction ID: SB23.5347 Date of Disbursement 03 / 13 / 2003	
Mailing Address 1199 N FAIRFAX STREET SUITE 425		Amount of Each Disbursement this Period  1000.00	
City ALEXANDRIA	State VA		Zip Code 22314
Purpose of Disbursement Fundraiser			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2003 Primary X General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>6000.00</b>
<b>TOTAL</b> 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)				PAGE 53 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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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) <b>A. MAJETTE, DENISE L</b>		Transaction ID: SB23.5547 Date of Disbursement 06 / 25 / 2003	
Mailing Address 5228 FIELDGREEN CROSSING			
City STONE MOUNTAIN	State GA	Zip Code 30088	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 State: GA District: D4	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Nancy Johnson for Congress</b>		Transaction ID: SB23.5533 Date of Disbursement 03 / 18 / 2003	
Mailing Address 4451 Brookfield Corporate Dr. #200			
City Chantilly	State VA	Zip Code 20151	Amount of Each Disbursement this Period  2000.00
Purpose of Disbursement fundraiser		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CT District: D6	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Nancy Johnson for Congress</b>		Transaction ID: SB23.5545 Date of Disbursement 06 / 18 / 2003	
Mailing Address 4451 Brookfield Corporate Dr. #200			
City Chantilly	State VA	Zip Code 20151	Amount of Each Disbursement this Period  3000.00
Purpose of Disbursement fundraiser		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CT District: D6	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> 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)				PAGE 54 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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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) <b>A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS</b>		Transaction ID: SB23.5285 Date of Disbursement 02 / 12 / 2003	
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period  350.00	
City WASHINGTON	State DC		Zip Code 20003
Purpose of Disbursement NRCC Winter Meeting			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2003 Primary X General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS</b>		Transaction ID: SB23.5412 Date of Disbursement 05 / 29 / 2003	
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period  2500.00	
City WASHINGTON	State DC		Zip Code 20003
Purpose of Disbursement fundraiser			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2003 Primary X General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>C. NELSON FOR U S SENATE</b>		Transaction ID: SB23.5334 Date of Disbursement 03 / 31 / 2003	
Mailing Address PO BOX 540154		Amount of Each Disbursement this Period  1000.00	
City OMAHA	State NE		Zip Code 68154
Purpose of Disbursement fundraiser			Category/ Type
Candidate Name			
Office Sought: House X Senate President	Disbursement For: 2003 Primary X General Other (specify) ▼		
State: NE	District 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>3850.00</b>
<b>TOTAL</b> 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)				PAGE 55 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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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) <b>A. NEW HOUSE PAC</b>		Transaction ID: SB23.5410 Date of Disbursement 05 / 20 / 2003	
Mailing Address 607 14TH STREET NW SUITE 800		Amount of Each Disbursement this Period  1000.00	
City WASHINGTON	State DC		Zip Code 20005
Purpose of Disbursement fundraiser			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2003 Primary X General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. NORM COLEMAN FOR U S SENATE</b>		Transaction ID: SB23.5557 Date of Disbursement 06 / 27 / 2003	
Mailing Address 570 ASBURY STREET		Amount of Each Disbursement this Period  1000.00	
City ST PAUL	State MN		Zip Code 55104
Purpose of Disbursement debt retirement			Category/ Type
Candidate Name			
Office Sought: House X Senate President	Disbursement For: 2008 Primary X General Other (specify) ▼		
State: MN District 00			

Full Name (Last, First, Middle Initial) <b>C. PRYCE FOR CONGRESS</b>		Transaction ID: SB23.5400 Date of Disbursement 05 / 14 / 2003	
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period  1000.00	
City Columbus	State OH		Zip Code 43215
Purpose of Disbursement fundraiser			Category/ Type
Candidate Name			
Office Sought: X House Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼		
State: OH District 15			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>3000.00</b>
<b>TOTAL</b> 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)				PAGE 56 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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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) <b>A. RANGEL FOR CONGRESS</b>		Transaction ID: SB23.5406 Date of Disbursement 05 / 14 / 2003	
Mailing Address PO BOX 5577 MANHATTANVILLE STA		Amount of Each Disbursement this Period  1000.00	
City NEW YORK	State NY		Zip Code 10027
Purpose of Disbursement fundraiser			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: NY District: 15			

Full Name (Last, First, Middle Initial) <b>B. ROGERS, HAROLD D</b>		Transaction ID: SB23.5403 Date of Disbursement 05 / 14 / 2003	
Mailing Address 309 COLLEGE STREET		Amount of Each Disbursement this Period  1000.00	
City SOMERSET	State KY		Zip Code 42501
Purpose of Disbursement fundraiser			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: KY District: 05			

Full Name (Last, First, Middle Initial) <b>C. ROGERS FOR CONGRESS</b>		Transaction ID: SB23.5554 Date of Disbursement 06 / 25 / 2003	
Mailing Address Post Office Box 581 Post Office Box 581		Amount of Each Disbursement this Period  1000.00	
City Brighton	State MI		Zip Code 48116
Purpose of Disbursement fundraiser			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: MI District: 08			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>3000.00</b>
<b>TOTAL</b> 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)				PAGE 57 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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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) <b>A. SENSENBRENNER COMMITTEE</b>		Transaction ID: SB23.5550 Date of Disbursement 06 / 25 / 2003	
Mailing Address PO BOX 575			
City BROOKFIELD	State WI	Zip Code 53008	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: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: WI	District: D5		

Full Name (Last, First, Middle Initial) <b>B. STEARNS, CLIFFORD B</b>		Transaction ID: SB23.5551 Date of Disbursement 06 / 25 / 2003	
Mailing Address PO BOX 308			
City SILVER SPRINGS	State FL	Zip Code 34488	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: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: FL	District: D6		

Full Name (Last, First, Middle Initial) <b>C. STENHOLM FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.5339 Date of Disbursement 04 / 15 / 2003	
Mailing Address P.O. BOX 1032			
City STAMFORD	State TX	Zip Code 79553	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: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: TX	District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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)				PAGE 58 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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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. Texans for Henry Bonilla		Transaction ID: SB23.5546 Date of Disbursement 06 / 25 / 2003	
Mailing Address P.O. Box 17292			
City San Antonio	State TX	Zip Code 78217	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: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: TX	District: 23		

Full Name (Last, First, Middle Initial) B. TEXANS FOR LAMAR SMITH		Transaction ID: SB23.5352 Date of Disbursement 04 / 28 / 2003	
Mailing Address 5701 Broadway Ste 104			
City San Antonio	State TX	Zip Code 78208	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: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: TX	District: 21		

Full Name (Last, First, Middle Initial) C. The Freedom Project		Transaction ID: SB23.5321 Date of Disbursement 03 / 13 / 2003	
Mailing Address 111 C Street, SE			
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period  5000.00
Purpose of Disbursement fundraiser		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House Senate President	Disbursement For: 2003 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State:	District		

SUBTOTAL of Disbursements This Page (optional) .....	▶	7000.00
TOTAL This Period (last page this line number only) .....	▶	65850.00