

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2006 JAN 19 P 12:37

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Health Savings Account Political Action  
Committee

ADDRESS (number and street)

1747 Pennsylvania Ave NW

Check if different than previously reported. (ACC)

Washington

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00402743

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - Convention (12C)
  - General (12G)
  - Special (12S)
  - Runoff (12R)

Election on

MM / DD / YYYY

In the State of

XX

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on

MM / DD / YYYY

In the State of

XX

5. Covering Period

07 / 01 / 2006

through

12 / 31 / 2005

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

Brian McManus

Signature of Treasurer

*Brian McManus*

Date

01 / 17 / 2006

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

**FEC FORM 3X**  
(Rev. 02/2003)

26038951794

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*Health Savings Account Political Action Comm. Hke, Inc*

Report Covering the Period: From: MM ' DD ' YYYY 07 ' 01 ' 2005 To: MM ' DD ' YYYY 12 ' 31 ' 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">2005</span>		717585
(b) Cash on Hand at Beginning of Reporting Period.....	3113585	
(c) Total Receipts (from Line 19).....	100000	3810000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3213585	4527585
7. Total Disbursements (from Line 31).....	500000	1814000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2713585	2713585
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	000	

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

26038951795

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

*Health Savings Account Political Action Comm. Hse, Inc*

Report Covering the Period: From: **07** ' **01** ' **2005** To: **12** ' **31** ' **2005**

**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).....	1,000.00	38,000.00
(ii) Unitemized.....	0.00	1,000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1,000.00	38,100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	1,000.00	38,100.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from 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 Transfers (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)).....▶	1,000.00	38,100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1,000.00	38,100.00

26038951796

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	000	000
(ii) Non-Federal Share .....	000	000
(b) Other Federal Operating Expenditures .....	000	000
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	000	000
22. Transfers to Affiliated/Other Party Committees .....	000	000
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	500000	1814000
24. Independent Expenditures (use Schedule E) .....	000	000
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	000	000
26. Loan Repayments Made .....	000	000
27. Loans Made .....	000	000
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	000	000
(b) Political Party Committees .....	000	000
(c) Other Political Committees (such as PACs) .....	000	000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	000	000
29. Other Disbursements .....	000	000
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	000	000
(ii) "Levin" Share .....	000	000
(b) Federal Election Activity Paid Entirely With Federal Funds .....	000	000
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	000	000
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	500000	1814000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	500000	1814000

26038951797

**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) .....	100000	3810000
34. Total Contribution Refunds (from Line 28(d)) .....	000	000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	100000	3810000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	000	000
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	000	000
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	000	000

26038951798

**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 1 OF 2
	<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	

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 Savings Account Political Action Comm. Inc.*

**A.** Full Name (Last, First, Middle Initial)  
*Friends of Dick Lugar*

Mailing Address  
*Suite 200, 47 South Meridian Street*

City *Indianapolis* State *IN* Zip Code *46204*

Purpose of Disbursement  
*Contribution*

Candidate Name  
*Dick Lugar*

Office Sought:  House  Senate  President  
State: *IN* District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

Date of Disbursement  
*07* / *27* / *2005*

Amount of Each Disbursement this Period  
*100000*

Category/Type  
*011*

**B.** Full Name (Last, First, Middle Initial)  
*Linder for Congress*

Mailing Address  
*PO Box 4026*

City *Duluth* State *GA* Zip Code *30096*

Purpose of Disbursement  
*Contribution*

Candidate Name  
*John Linder*

Office Sought:  House  Senate  President  
State: *GA* District: *7*

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

Date of Disbursement  
*08* / *24* / *2005*

Amount of Each Disbursement this Period  
*100000*

Category/Type  
*011*

**C.** Full Name (Last, First, Middle Initial)  
*Sodrel for Congress*

Mailing Address  
*PO Box 1505*

City *Jeffersonville* State *IN* Zip Code *47130*

Purpose of Disbursement  
*Contribution*

Candidate Name  
*Mike Sodrel*

Office Sought:  House  Senate  President  
State: *IN* District: *9*

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

Date of Disbursement  
*09* / *15* / *2005*

Amount of Each Disbursement this Period  
*100000*

Category/Type  
*011*

SUBTOTAL of Disbursements This Page (optional)..... *300000*

TOTAL This Period (last page this line number only)..... *500000*

26038951799

**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)

<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

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 Savings Account Political Action Committee, Inc.

**A.** Full Name (Last, First, Middle Initial) Salazar for Senate Date of Disbursement 12 / 07 / 2005

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution Category/Type 011 Amount of Each Disbursement this Period 100000

Candidate Name Ken Salazar

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: CO District:         

**B.** Full Name (Last, First, Middle Initial) LEAD PAC Date of Disbursement 07 / 21 / 2005

Mailing Address 104 Home Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement Contribution Category/Type 011 Amount of Each Disbursement this Period 100000

Candidate Name Leadership PAC

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State:          District:         

**C.** Full Name (Last, First, Middle Initial)          Date of Disbursement          /          /         

Mailing Address         

City          State          Zip Code         

Purpose of Disbursement          Category/Type          Amount of Each Disbursement this Period         

Candidate Name         

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State:          District:         

SUBTOTAL of Disbursements This Page (optional) 200000

TOTAL This Period (last page this line number only) 500000

26038951800

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

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

FOR LINE NUMBER: PAGE / OF /  
(check only one)

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

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 Savings Account Political Action Comm. Inc.*

**A.** Full Name (Last, First, Middle Initial)  
*Suttles, Randal E*

Mailing Address  
*6354 North 575 E*

City *Franklin* State *IN* Zip Code *46131*

FEC ID number of contributing federal political committee.

Name of Employer *Medical Savings Ins. Co* Occupation *Executive*

Receipt For:  
 Primary  General  
 Other (specify) *Contribution*

Aggregate Year-to-Date

Date of Receipt  
 /  /

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
*Suttles, Melissa L*

Mailing Address  
*6354 North 575 E*

City *Franklin* State *IN* Zip Code *46131*

FEC ID number of contributing federal political committee.

Name of Employer *Housewife* Occupation *Housewife*

Receipt For:  
 Primary  General  
 Other (specify) *Contribution*

Aggregate Year-to-Date

Date of Receipt  
 /  /

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date

Date of Receipt  
 /  /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)


TOTAL This Period (last page this line number only)

26038951801



**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 1/19/06
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
 PREPARER  
 (3/2005)

1/19/06  
 DATE PREPARED

28038951802