

**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 Insurance Political Action Committee of the Health Insurance Association of Ameri

ADDRESS (number and street) **Check if different than previously reported. (ACC)**
 1201 F Street, NW
 Suite 500
 Washington DC 20004

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

C00110494 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
<input checked="" type="checkbox"/> January 31 Quarterly Report(YE)		Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on			in the State of

5. Covering Period 12 01 2001 through 12 31 2001

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 Mr. Christopher Bowlin
 Signature of Treasurer Electronically Filed by Mr. Christopher Bowlin Date 01 30 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

Health Insurance Political Action Committee of the Health Insurance Association
of Ameri

Report Covering the Period: From: ^W 12 ^D 01 ^Y 2001 To: ^W 12 ^D 31 ^Y 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^W 1 ^Y 2001		19904.88
(b) Cash on Hand at Beginning of Reporting Period	24975.29	
(c) Total Receipts (from Line 19)	1174.32	40838.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26149.61	60743.13
7. Total Disbursements (from Line 30)	115.24	34803.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26034.37	25939.93
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
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 (Revised 1/2001)

Page 3

Write or Type Committee Name

Health Insurance Political Action Committee of the Health Insurance Association
of Ameri

Report Covering the Period: From: ^W12 ^D01 ^Y2001 To: ^W12 ^D31 ^Y2001

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	1064.00	
(i) Itemized (use Schedule A)	87.00	
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1151.00	24992.91
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	1151.00	39992.91
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 36, page 4)	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.)	23.32	845.34
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	1174.32	40838.25
20. Total Federal Receipts (subtract Line 18 from Line 19)	1174.32	40838.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

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.....		115.24	2303.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶		115.24	2303.20
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	32500.00
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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶		115.24	34803.20
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶		115.24	34803.20
<hr/>			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) from Line 11(d), page 3).....		1151.00	39992.91
33. Total Contribution Refunds (from Line 28(d)).....		0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....		1151.00	39992.91
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶		115.24	2303.20
36. Offsets to Operating Expenditures (from Line 15, page 3).....		0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶		115.24	2303.20

**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 5 / 15	
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Insurance Political Action Committee of the Health Insurance Association of Ameri

A. Full Name (Last, First, Middle Initial)
Mr. Winthrop S. Cashdollar

Date of Receipt
M / D / Y
12 / 13 / 2001

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
77.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Director, Center for Disability and Lo

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1925.00

Transaction ID: R2362

B. Full Name (Last, First, Middle Initial)
Mr. Winthrop S. Cashdollar

Date of Receipt
M / D / Y
12 / 27 / 2001

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
77.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Director, Center for Disability and Lo

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1925.00

Transaction ID: R2409

C. Full Name (Last, First, Middle Initial)
Mr. Gregory Daan

Date of Receipt
M / D / Y
12 / 13 / 2001

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Executive Director of Insurance Educat

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 220.00

Transaction ID: R2395

SUBTOTAL of Receipts This Page (optional) ▶ **164.00**

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 6 / 15	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input 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 Insurance Political Action Committee of the Health Insurance Association of Ameri

A. Mr. Gregory Dean

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
1201 F Street, NW Suite 500 12 / 27 / 2001
City State Zip Code
Washington DC 20004
Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. 10.00

Name of Employer HIAA	Occupation Executive Director of Insurance Educat	Manual Deduction
--------------------------	--	------------------

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 220.00

Transaction ID: R2412

B. Mr. Jeffrey L. Gabardi

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
1201 F Street, NW Suite 500 12 / 13 / 2001
City State Zip Code
Washington DC 20004
Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. 15.00

Name of Employer HIAA	Occupation Legislative Director & Deputy General	Manual Deduction
--------------------------	---	------------------

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 375.00

Transaction ID: R23B4

C. Mr. Jeffrey L. Gabardi

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
1201 F Street, NW Suite 500 12 / 27 / 2001
City State Zip Code
Washington DC 20004
Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. 15.00

Name of Employer HIAA	Occupation Legislative Director & Deputy General	Manual Deduction
--------------------------	---	------------------

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 375.00

Transaction ID: R24D1

SUBTOTAL of Receipts This Page (optional)	▶	40.00
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 7 / 15	
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Insurance Political Action Committee of the Health Insurance Association of Ameri

A. Full Name (Last, First, Middle Initial)
Ms. Kathleen M. Harrington

Date of Receipt
N M / D E / Y Y Y Y
12 / 13 / 2001

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HIAA Senior Vice President, Public Affiar &

Manual Deduction

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 900.00

Transaction ID: R2366

B. Full Name (Last, First, Middle Initial)
Ms. Kathleen M. Harrington

Date of Receipt
N M / D E / Y Y Y Y
12 / 27 / 2001

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HIAA Senior Vice President, Public Affiar &

Manual Deduction

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 900.00

Transaction ID: R2413

C. Full Name (Last, First, Middle Initial)
Mr. Michael B. Hickey

Date of Receipt
N M / D E / Y Y Y Y
12 / 13 / 2001

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HIAA Legislative Director & Counsel

Manual Deduction

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 345.00

Transaction ID: R23B5

SUBTOTAL of Receipts This Page (optional) ► **115.00**

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 8 / 15	
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Insurance Political Action Committee of the Health Insurance Association of Ameri

A. Full Name (Last, First, Middle Initial)
Mr. Michael B. Hickey

Date of Receipt
M M / D D / Y Y Y Y
12 / 27 / 2001

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Legislative Director & Counsel

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 345.00

Transaction ID: R2402

B. Full Name (Last, First, Middle Initial)
Mr. Joseph T. Holahan

Date of Receipt
M M / D D / Y Y Y Y
12 / 13 / 2001

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Director & Counsel, Policy Development

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 345.00

Transaction ID: R2386

C. Full Name (Last, First, Middle Initial)
Mr. Joseph T. Holahan

Date of Receipt
M M / D D / Y Y Y Y
12 / 27 / 2001

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Director & Counsel, Policy Development

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 345.00

Transaction ID: R2403

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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 9 / 15	
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Insurance Political Action Committee of the Health Insurance Association of Ameri

A. Full Name (Last, First, Middle Initial)
Mr. Patrick D. Jones

Date of Receipt
M M / D D / Y Y Y Y
12 / 13 / 2001

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Vice President, Business Programs and

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 525.00

Transaction ID: R2367

B. Full Name (Last, First, Middle Initial)
Mr. Patrick D. Jones

Date of Receipt
M M / D D / Y Y Y Y
12 / 27 / 2001

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Vice President, Business Programs and

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 525.00

Transaction ID: R2404

C. Full Name (Last, First, Middle Initial)
Ms. Susanne H. Lenz

Date of Receipt
M M / D D / Y Y Y Y
12 / 13 / 2001

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Director, Managed Care Policy

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 575.00

Transaction ID: R23B5

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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 10 / 15	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input 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 Insurance Political Action Committee of the Health Insurance Association of Ameri

A. Full Name (Last, First, Middle Initial)
Ms. Susanne H. Lanza

Date of Receipt
M / D / Y
12 / 27 / 2001

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Director, Managed Care Policy

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 575.00

Transaction ID: R2405

B. Full Name (Last, First, Middle Initial)
Ms. Joy M. Ryan

Date of Receipt
M / D / Y
12 / 13 / 2001

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Legislative Director & Counsel

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 365.00

Transaction ID: R2380

C. Full Name (Last, First, Middle Initial)
Ms. Joy M. Ryan

Date of Receipt
M / D / Y
12 / 27 / 2001

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Legislative Director & Counsel

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 365.00

Transaction ID: R2407

SUBTOTAL of Receipts This Page (optional) ▶ **55.00**

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 11 / 15	
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Insurance Political Action Committee of the Health Insurance Association of Ameri

A. Full Name (Last, First, Middle Initial)
Ms. Orit Seger

Date of Receipt
M M / D D / Y Y Y Y
12 / 13 / 2001

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Executive Administrative Assistant

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 240.00

Transaction ID: R2361

B. Full Name (Last, First, Middle Initial)
Ms. Orit Seger

Date of Receipt
M M / D D / Y Y Y Y
12 / 27 / 2001

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Executive Administrative Assistant

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 240.00

Transaction ID: R2408

C. Full Name (Last, First, Middle Initial)
Ms. Rita M. Thelen

Date of Receipt
M M / D D / Y Y Y Y
12 / 13 / 2001

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Assistant Vice President, State Affair

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 625.00

Transaction ID: R2393

SUBTOTAL of Receipts This Page (optional) ▶ **45.00**

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 12 / 15	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input 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 Insurance Political Action Committee of the Health Insurance Association of Ameri

A. Full Name (Last, First, Middle Initial)
Ms. Rita M. Theisen

Date of Receipt
N M / D E / Y Y Y Y
12 / 27 / 2001

Mailing Address
1201 F Street, NW Suite 500

City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Assistant Vice President, State Affair

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 825.00

Transaction ID: R2410

B. Full Name (Last, First, Middle Initial)
Mr. J. Grover Thomas, Jr.

Date of Receipt
N M / D E / Y Y Y Y
12 / 11 / 2001

Mailing Address
400 Field Drive

City State Zip Code
Lake Forest IL 60045

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Check
Trustmark Insurance Company President and Chief Executive Officer

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: R2321

C. Full Name (Last, First, Middle Initial)
Dr. Donald Young

Date of Receipt
N M / D E / Y Y Y Y
12 / 13 / 2001

Mailing Address
1201 F Street, NW Suite 500

City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Interim President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2750.00

Transaction ID: R2384

SUBTOTAL of Receipts This Page (optional) ▶ **425.00**

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 13 / 15
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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 Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name (Last, First, Middle Initial)
A. Dr. Donald Young

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Date of Receipt
M M / D D / Y Y Y Y
12 / 27 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Interim President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2750.00

Transaction ID: R2411

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	1064.00

**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 / 15
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" 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 Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name (Last, First, Middle Initial)
A. Bank of America

Mailing Address
730 15th Street, NW

City State Zip Code
Washington DC 20005

Date of Receipt
M / D / Y Y Y Y
12 / 31 / 2001

Amount of Each Receipt this Period
23.32

FEC ID number of contributing federal political committee.

Name of Employer Occupation Check
Bank of America

Receipt For: 2001 Aggregate Year-to-Date ▼
Primary X General 781.77
Other (specify) ▼

Transaction ID: R2379

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	23.32
TOTAL This Period (last page this line number only)	▶	23.32

**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 15 / 15

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Health Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address

730 15th Street, NW

City

Washington

State

DC

Zip Code

20005

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

2001

Primary

General

Other (specify) ▼

Date of Disbursement

12 / 31 / 2001

Amount of Each Disbursement this Period

115.24

Bank Charges

Transaction ID: D73D

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶

115.24

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

115.24