

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

OCT 20 2 03 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Health Insurance Political Action Committee of the Health Insurance Association of America	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 555 13th Street, NW, Suite 600 East	2. FEC IDENTIFICATION NUMBER 00110494
CITY, STATE and ZIP CODE Washington, D.C. 20004-1109	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input checked="" type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____
(Type of Election)
- election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/1/98</u> through <u>9/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 59,833.21
(b) Cash on Hand at Beginning of Reporting Period	\$ 32,667.31	
(c) Total Receipts (from Line 19)	\$ 18,609.33	\$ 68,384.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 51,276.64	\$ 128,217.60
7. Total Disbursements (from Line 3D)	\$ 15,740.45	\$ 92,681.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 35,536.19	\$ 35,536.19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Sharon J. Cohen

Signature of Treasurer

Sharon J. Cohen

Date

10/20/98

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

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FEC FORM 3X

(revised 9/93)

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

(revised 1/1/81)

NAME OF COMMITTEE Health Insurance Political Action Committee of the HI		REPORT COVERING PERIOD FROM 9/1/98 TO 9/30/98	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:		1010.50	5030.75
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		3,416.62	9,042.16
ii. Unitemized		4,427.12	14,072.19
iii. Total (add i and ii) >			
b. Political Party Committees			
c. Other Political Committees (such as PACs)		14,000.00	52,250.00
d. Total Contributions (add a ii, b and c) >		18,427.12	66,322.91
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)		182.21	2061.48
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		18609.33	68384.39
20. Total Federal Receipts (subtract line 18 from line 19) >		18609.33	68384.39
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		90.45	1147.28
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		90.45	1147.28
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		15,500.00	90,384.13
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements		150.00	1,150.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		15,740.45	92,681.41
31. Total Federal Disbursements (subtract line 21 a i from line 30) >		15,740.45	92,681.41
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		18,427.12	66,322.91
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		18,427.12	66,322.91
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		90.45	1,147.28
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >		90.45	1,147.28

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER 11A

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kristin Welsh 555 13th Street, NW, Suite 600 East Washington, DC 20004-1109	HIAA	bi-weekly payroll deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Legislative Director		
	Aggregate Year-to-Date > \$ 200		
III. Full Name, Mailing Address and ZIP Code Jeffrey Gabardi 555 13th Street, NW, Suite 600 East Washington, DC 20004-1109	HIAA	bi-weekly payroll deduction	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation State Affairs/Legal		
	Aggregate Year-to-Date > \$ 285		
C. Full Name, Mailing Address and ZIP Code Barbara Levy 555 13th Street, NW, Suite 600 East Washington, DC 20004-1109	HIAA	bi-weekly payroll deduction	33.84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation State Affairs		
	Aggregate Year-to-Date > \$ 321.48		
D. Full Name, Mailing Address and ZIP Code Ronald Souders 555 13th Street, NW, Suite 600 East Washington, DC 20004-1109	HIAA	bi-weekly payroll deduction	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec VP, Govt. Affairs		
	Aggregate Year-to-Date > \$ 1900		
E. Full Name, Mailing Address and ZIP Code Kathleen Fyffe 555 13th Street, NW, Suite 600 East Washington, DC 20004-1109	HIAA	bi-weekly payroll deduction	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Policy and Information		
	Aggregate Year-to-Date > \$ 400		
F. Full Name, Mailing Address and ZIP Code Alan Chapman 555 13th Street, NW, Suite 600 East Washington, DC 20004-1109	HIAA	bi-weekly payroll deduction	41.65
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, State Affairs		
	Aggregate Year-to-Date > \$ 374.94		
G. Full Name, Mailing Address and ZIP Code Bruce Ferguson 555 13th Street, NW, Suite 600 East Washington, DC 20004-1109	HIAA	bi-weekly payroll deduction	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation State Affairs		
	Aggregate Year-to-Date > \$ 425		

SUBTOTAL of Receipts This Page (optional) 415.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11A

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

NAME OF COMMITTEE (In Full)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dean Rosen 555 13th Street, NW, Suite 600 East Washington, DC 20004-1109 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HIAA Occupation: Policy & Information Aggregate Year-to-Date > \$ 210	bi-weekly payroll deduction	70.00
Ronald Wobbeking 2635 Fountain Lane Plymouth, MN 55447 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Allianz Life Insurance Company Occupation: President, Mass Marketing Aggregate Year-to-Date > \$ 250	9/29/98	250.00
Gerald Meach 39201 Seven Mile Road Livonia, MI 48152-1094 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	American Community Mutual Occupation: President Aggregate Year-to-Date > \$ 275	9/29/98	275.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 595.00
 TOTAL This Period (last page this line number only) 1010.50

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11C

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

NAME OF COMMITTEE (In Full)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Great West PAC PO Box 1700 Denver, CO 80201 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Great-West Life & Annuity Occupation Aggregate Year-to-Date > \$ 4000	9/16/98	4000.00
B. Full Name, Mailing Address and ZIP Code Multiplan, Inc. PAC 115 Fifth Avenue New York, NY 10003-1004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Multiplan, Inc. Occupation Aggregate Year-to-Date > \$ 2000	9/16/98	2000.00
C. Full Name, Mailing Address and ZIP Code UNUM PAC 2211 Congress Street Portland, ME 04122-0001 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UNUM Life Insurance Company Occupation Aggregate Year-to-Date > \$ 2000	9/16/98	2000.00
D. Full Name, Mailing Address and ZIP Code Jefferson-Pilot Life 100 N. Greene Street Greensboro, NC 27401 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Jefferson-Pilot Life Occupation Aggregate Year-to-Date > \$ 1000	9/29/98	1000.00
E. Full Name, Mailing Address and ZIP Code AFLAC PAC 1932 Wynnston Road Columbus, GA 31999-0001 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	AFLAC Occupation Aggregate Year-to-Date > \$5000	9/29/98	5000.00
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	 Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	 Occupation Aggregate Year-to-Date > \$		

14,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (see page this line number only)

14,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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

A. Full Name, Mailing Address and ZIP Code NationsBank Corporation 730 - 15 Street, NW Washington, DC 20005-1012 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Interest- September Occupation Aggregate Year-to-Date \$ 2061.48	Date (month, day, year) 9/30/98	Amount of Each Receipt this Period 182.21
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			182.21
TOTAL This Period (last page this line number only)			182.21

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21b

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

NAME OF COMMITTEE (In Full)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Service Charge - Sept. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/30/98	Amount of Each Disbursement This Period 90.45
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	90.45
TOTAL This Period (last page this line number only)	90.45

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ben Cardin for Congress 38 Ivy Street, SE Washington, DC 20003	10/22 Event (D-3-MD) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/98	500.00
B. Full Name, Mailing Address and ZIP Code Citizens for Bunning 425 Second Street, NE Washington, DC 20002	Purpose of Disbursement 9/15/98 Event (R-KY-4) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/98	500.00
C. Full Name, Mailing Address and ZIP Code DCCC-Chairmen's Council 430 S. Capitol Street Washington, DC 20003	Purpose of Disbursement DCCC-Chairmen's Club Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/98	2500.00
D. Full Name, Mailing Address and ZIP Code Rosemann for Congress 811 Chetworth Place Alexandria, VA 22314	Purpose of Disbursement 9/10/98 Event (NS-4) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/98	500.00
E. Full Name, Mailing Address and ZIP Code John Ensign for Congress 425 Second Street, NE Washington, DC 20002	Purpose of Disbursement 9/16/98 Event (R-NV) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/98	1000.00
F. Full Name, Mailing Address and ZIP Code Todd Tishrt for Congress 4451 Brookfield Corporate Driv Suite 200 Chantilly, VA 20151	Purpose of Disbursement 9/16/98 Event (KS-4-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/98	500.00
G. Full Name, Mailing Address and ZIP Code A Lot of People Supporting Tom Daschle 424 C Street, NE, 1st Floor Washington, DC 20002	Purpose of Disbursement 9/22/98 Event (D-SD) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/24/98	1000.00
H. Full Name, Mailing Address and ZIP Code Friends of Jerry Kletzka 4200 Christine Place Alexandria, VA 22311	Purpose of Disbursement 9/16/98 Event (D-4-WI) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/98	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 12
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Health Insurance Political Action Committee Of The Health Insurance Association of America

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Campbell Victory Fund 425 Second Street, NE Washington, D.C. 20002	9/22/98 Event (R-CO) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/24/98	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Phil Gramm 900 Second Street, NE - Suite 114 Washington, D.C. 20002	9/23/98 Event (R-TX) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/24/98	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Judd Gregg Committee 425 Second Street, NE Washington, D.C. 20002	9/24/98 Event (R-NH) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/24/98	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Missourians for Kit Bond 507 Capitol Court, NE #100 Washington, D.C. 20002	9/24/98 Event (R-MO) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/24/98	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People for English P.O. Box 10274 Alexandria, VA 22310	9/22/ Event (R-PA-21) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/24/98	\$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Re-Elect Nancy Johnson to Congress 4451 Brookfield Corporate Drive, Ste 20 Chantilly, VA 20151	9/24/98 Event (R-CT-6) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/24/98	\$2,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Voinovich for Senate P.O. Box 21030 Alexandria, VA 22320	9/24/98 Event (R-OH) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/24/98	\$1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lauch Faircloth for Senate - '98 507 Capitol Court, Suite 100 Washington, D.C. 20002	9/28/98 Event (R-NC) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/98	\$1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

\$8,500.00

TOTAL This Period (last page this line number only)

\$15,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 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 America

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Buchy for State Representative 758 Gardenwood Greenville, OH 45331	9/15/98 Breakfast Event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/98	\$150.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$150.00
TOTAL This Period (last page this line number only)	\$150.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10/20/98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>K01</i> PREPARER	<i>10/20/98</i> DATE PREPARED