

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
Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street) 601 Pennsylvania Avenue; NW
Suite 500 South Building
 Check if different than previously reported. (ACC)
Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** C00106740
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 07 2006 in the State of _____

5. Covering Period 10 19 2006 through 11 27 2006

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 12 05 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		119244.78
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	138575.38									
(c) Total Receipts (from Line 19)	7672.40	280098.69								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	146247.78	399343.47								
7. Total Disbursements (from Line 31)	19052.31	272148.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	127195.47	127195.47								
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**

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	6275.72	163201.90
(i) Itemized (use Schedule A)	1396.68	13806.54
(ii) Unitemized	7672.40	177008.44
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	89500.00
(c) Other Political Committees (such as PACs)	7672.40	266508.44
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	0.00	1090.25
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	12500.00
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))	7672.40	280098.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7672.40	280098.69

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.....	52.31	2309.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	52.31	2309.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	250823.58
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	19015.00
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 Activity (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))..	19052.31	272148.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	19052.31	272148.00

DETAILED SUMMARY PAGE
of Disbursements

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)	7672.40	266508.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7672.40	266508.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	52.31	2309.42
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	52.31	2309.42

**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 / 41		
	<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

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)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Al Annexstad		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 669 Woodhill Place		Transaction ID: 0739050610236138464
City Owatonna	State MN	Zip Code 55060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Federated Insurance Companies	Occupation Chairman of the Board; President and C	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. James Balda		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Building; Suite 500		Transaction ID: 20061030-1
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation VP Membership	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

Full Name (Last, First, Middle Initial) C. James Balda		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Building; Suite 500		Transaction ID: 20061114-1
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation VP Membership	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

SUBTOTAL of Receipts This Page (optional)	583.34
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 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Carmella Bocchino		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-4
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice President Aggregate Year-to-Date ▼ 3208.31	

Full Name (Last, First, Middle Initial) B. Carmella Bocchino		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-4
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice President Aggregate Year-to-Date ▼ 3208.31	

Full Name (Last, First, Middle Initial) C. Robert Borchardt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-5
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President Finance & Operat Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional) ▶	441.66
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Robert Borchardt

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Vice President Finance & Operat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: 20061114-5

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Francie Burkhart

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Director Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1749.93

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 20061030-6

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
Francie Burkhart

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Director Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1749.93

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: 20061114-6

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)	▶	191.66
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 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Winthrop Cashdollar		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-9
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director Product Policy Aggregate Year-to-Date ▼ 1312.50	

Full Name (Last, First, Middle Initial) B. Winthrop Cashdollar		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-9
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director Product Policy Aggregate Year-to-Date ▼ 1312.50	

Full Name (Last, First, Middle Initial) C. Yvonne Chanatry		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 1276 N Wayne St #1223		Transaction ID: 20061030-10
City Arlington State VA Zip Code 22201-5848	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director of Marketing Aggregate Year-to-Date ▼ 1312.50	

SUBTOTAL of Receipts This Page (optional) ▶	187.50
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 / 41
	<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)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Yvonne Chanatry		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 1276 N Wayne St #1223		Transaction ID: 20061114-10	
City Arlington State VA Zip Code 22201-5848	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director of Marketing Aggregate Year-to-Date ▼ 1312.50		

Full Name (Last, First, Middle Initial) B. Ann Curry		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-11	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Deputy Director Product Policy Aggregate Year-to-Date ▼ 875.07		

Full Name (Last, First, Middle Initial) C. Ann Curry		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-11	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Deputy Director Product Policy Aggregate Year-to-Date ▼ 875.07		

SUBTOTAL of Receipts This Page (optional) ▶	145.84
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 / 41
	<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)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Gregory Daphnis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-12
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Program Manager; VSD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.43	

Full Name (Last, First, Middle Initial) B. Gregory Daphnis		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-12
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Program Manager; VSD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.43	

Full Name (Last, First, Middle Initial) C. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-13
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Executive Director of AHIP Learning &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1312.50	

SUBTOTAL of Receipts This Page (optional) ▶	104.16
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 / 41		
	<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

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-13	
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Executive Director of AHIP Learning &		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1312.50		

Full Name (Last, First, Middle Initial) B. Jill Dowell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-14	
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation VP; Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.01		

Full Name (Last, First, Middle Initial) C. Jill Dowell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-14	
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation VP; Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.01		

SUBTOTAL of Receipts This Page (optional) ▶	229.16
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 / 41
	<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)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Behrends Foster		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 3310920610275455887
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP; Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Gabardi		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-16
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President; State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2625.00	

Full Name (Last, First, Middle Initial) C. Jeffrey Gabardi		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-16
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President; State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2625.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
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 14 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Joni Hong		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-18
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Associate Counsel; Special Proj Aggregate Year-to-Date ▼ 437.43	

Full Name (Last, First, Middle Initial) B. Joni Hong		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-18
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Associate Counsel; Special Proj Aggregate Year-to-Date ▼ 437.43	

Full Name (Last, First, Middle Initial) C. Donna Horoschak		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-19
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director State Policy Aggregate Year-to-Date ▼ 1499.97	

SUBTOTAL of Receipts This Page (optional)	124.99
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 15 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Donna Horoschak		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-19	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Executive Director State Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1499.97	

Full Name (Last, First, Middle Initial) B. Scott Keefer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-21	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Director of Policy Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 630.00	

Full Name (Last, First, Middle Initial) C. Scott Keefer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-21	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Director of Policy Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 630.00	

SUBTOTAL of Receipts This Page (optional) ▶	143.33
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 16 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Tony Lamb		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-22
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 10.42	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director; Political Affairs Aggregate Year-to-Date ▼ 218.82	

Full Name (Last, First, Middle Initial) B. Tony Lamb		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-22
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 10.42	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director; Political Affairs Aggregate Year-to-Date ▼ 218.82	

Full Name (Last, First, Middle Initial) C. Barbara Lardy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-23
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 28.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President; Medical Affairs Aggregate Year-to-Date ▼ 588.00	

SUBTOTAL of Receipts This Page (optional) ▶	48.84
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 / 41
	<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)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Barbara Lardy		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-23
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 28.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Vice President; Medical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 588.00	

Full Name (Last, First, Middle Initial) B. Jeff Lemieux		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-25
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President; Center for Heal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2625.00	

Full Name (Last, First, Middle Initial) C. Jeff Lemieux		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-25
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President; Center for Heal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2625.00	

SUBTOTAL of Receipts This Page (optional) ▶	278.00
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 18 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Stephanie Lentz

Mailing Address 410 W. Lombard S #605

City State Zip Code
Baltimore MD 21201-1632

FEC ID number of contributing federal political committee. **C**

Name of Employer
America's Health Insurance Plans
Occupation
Director; Professional Programs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.61

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 20061030-26

Amount of Each Receipt this Period
10.41

B. Full Name (Last, First, Middle Initial)
Stephanie Lentz

Mailing Address 410 W. Lombard S #605

City State Zip Code
Baltimore MD 21201-1632

FEC ID number of contributing federal political committee. **C**

Name of Employer
America's Health Insurance Plans
Occupation
Director; Professional Programs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.61

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: 20061114-26

Amount of Each Receipt this Period
10.41

C. Full Name (Last, First, Middle Initial)
Dan Leonard

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer
America's Health Insurance Plans
Occupation
Executive VP; Advocacy & Professional

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4374.93

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 20061030-27

Amount of Each Receipt this Period
208.33

SUBTOTAL of Receipts This Page (optional) ► **229.15**

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 19 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Dan Leonard		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-27
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive VP; Advocacy & Professional Aggregate Year-to-Date ▼ 4374.93	

Full Name (Last, First, Middle Initial) B. Joe Lessen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-28
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director of Special Projects; Federal Aggregate Year-to-Date ▼ 1125.03	

Full Name (Last, First, Middle Initial) C. Joe Lessen		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-28
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director of Special Projects; Federal Aggregate Year-to-Date ▼ 1125.03	

SUBTOTAL of Receipts This Page (optional) ▶	291.67
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 20 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Robert Menkes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-32
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 10.42	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President; Strategic Planning Aggregate Year-to-Date ▼ 843.78	

Full Name (Last, First, Middle Initial) B. Robert Menkes		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-32
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 10.42	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President; Strategic Planning Aggregate Year-to-Date ▼ 843.78	

Full Name (Last, First, Middle Initial) C. Anthony Meoni		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-33
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 10.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director Information Technol Aggregate Year-to-Date ▼ 220.50	

SUBTOTAL of Receipts This Page (optional) ▶	31.34
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 21 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Anthony Meoni		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-33
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 10.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director Information Technol Aggregate Year-to-Date ▼ 220.50	

Full Name (Last, First, Middle Initial) B. Thomas Meyers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-34
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director Product Policy Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. Thomas Meyers		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-34
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director Product Policy Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional) ▶	50.50
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 / 41
	<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)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Martin Mitchell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-37
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Regional Director State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.43	

Full Name (Last, First, Middle Initial) B. Martin Mitchell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-37
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Regional Director State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.43	

Full Name (Last, First, Middle Initial) C. Betsy Pelovitz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-38
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation State Advocacy Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.07	

SUBTOTAL of Receipts This Page (optional) ▶	83.33
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 41
	(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)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Betsy Pelovitz		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-38	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation State Advocacy Regional Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.07		

Full Name (Last, First, Middle Initial) B. Susan Pisano		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-39	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 104.16		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communication		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2187.36		

Full Name (Last, First, Middle Initial) C. Susan Pisano		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-39	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 104.16		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communication		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2187.36		

SUBTOTAL of Receipts This Page (optional) ▶	249.99
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 24 / 41
	<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)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Richard Ramsay		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-41
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President; State Advocacy Aggregate Year-to-Date ▼ 1749.93	

Full Name (Last, First, Middle Initial) B. Richard Ramsay		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-41
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President; State Advocacy Aggregate Year-to-Date ▼ 1749.93	

Full Name (Last, First, Middle Initial) C. Ingrid Reeves		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-42
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 11.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director of Membership Aggregate Year-to-Date ▼ 231.00	

SUBTOTAL of Receipts This Page (optional) ▶	177.66
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 / 41
	<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)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Ingrid Reeves		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-42
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 11.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Executive Director of Membership	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

Full Name (Last, First, Middle Initial) B. Robert Rehm		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-43
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director; Public Health Strategies	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

Full Name (Last, First, Middle Initial) C. Robert Rehm		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-43
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director; Public Health Strategies	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

SUBTOTAL of Receipts This Page (optional) ▶	52.66
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 26 / 41
	<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)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Sue A Rohan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Penn Ave; NW Suite 500 South Building		Transaction ID: 20061030-44
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer AHIP	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	

Full Name (Last, First, Middle Initial) B. Sue A Rohan		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Penn Ave; NW Suite 500 South Building		Transaction ID: 20061114-44
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer AHIP	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	

Full Name (Last, First, Middle Initial) C. Lisa Shreve		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 12149 Darnley Rd		Transaction ID: 20061030-45
City Woodbridge State VA Zip Code 22192-6615	Amount of Each Receipt this Period 10.42	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Vice President; Professional Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.82	

SUBTOTAL of Receipts This Page (optional) ▶	177.08
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 41						
	(check only one)							
	<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

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Lisa Shreve		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 12149 Darnley Rd		Transaction ID: 20061114-45	
City State Zip Code Woodbridge VA 22192-6615	Amount of Each Receipt this Period 10.42		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Vice President; Professional Programs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.82		

Full Name (Last, First, Middle Initial) B. Patricia P Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 601 Penn Ave; NW Suite 500 South Building		Transaction ID: 20061030-46	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 83.33		
FEC ID number of contributing federal political committee. C			
Name of Employer AHIP	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97		

Full Name (Last, First, Middle Initial) C. Patricia P Smith		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 601 Penn Ave; NW Suite 500 South Building		Transaction ID: 20061114-46	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 83.33		
FEC ID number of contributing federal political committee. C			
Name of Employer AHIP	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97		

SUBTOTAL of Receipts This Page (optional) ▶	177.08
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 28 / 41
	<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)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Charles Stellar		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-47
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 86.96	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1739.20	

Full Name (Last, First, Middle Initial) B. Charles Stellar		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-47
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 86.96	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1739.20	

Full Name (Last, First, Middle Initial) C. Scott Styles		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-48
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 204.35	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President Federal Legislat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4291.35	

SUBTOTAL of Receipts This Page (optional) ▶	378.27
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 29 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Scott Styles		Date of Receipt MM / DD / YYYY 11 / 14 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-48
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.35
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President Federal Legislat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4291.35	

Full Name (Last, First, Middle Initial) B. Jonathan Tilton		Date of Receipt MM / DD / YYYY 10 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-50
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Deputy Director; Strategic Communicati	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.43	

Full Name (Last, First, Middle Initial) C. Jonathan Tilton		Date of Receipt MM / DD / YYYY 11 / 14 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-50
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Deputy Director; Strategic Communicati	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.43	

SUBTOTAL of Receipts This Page (optional)	▶	246.01
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 / 41
	<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)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Michael Tuffin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-52
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President of Strategic Com	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

Full Name (Last, First, Middle Initial) B. Michael Tuffin		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-52
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President of Strategic Com	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

Full Name (Last, First, Middle Initial) C. Rod Turner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-53
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Vice President; Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1749.93	

SUBTOTAL of Receipts This Page (optional) ▶	333.33
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 31 / 41
	<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)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Rod Turner		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-53	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Vice President; Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1749.93	

Full Name (Last, First, Middle Initial) B. Mark Van Koevering		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 107 Chocolay Downs Golf Dr		Transaction ID: 20061030-54	
City State Zip Code Marquette MI 49855-9542		Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Deputy Director; Federal Legislative A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 945.00	

Full Name (Last, First, Middle Initial) C. Mark Van Koevering		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 107 Chocolay Downs Golf Dr		Transaction ID: 20061114-54	
City State Zip Code Marquette MI 49855-9542		Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Deputy Director; Federal Legislative A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 945.00	

SUBTOTAL of Receipts This Page (optional) ▶	173.33
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 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Daniel Vigil		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Penn Ave; NW Suite 500 South Building		Transaction ID: 20061030-55
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 31.25	
FEC ID number of contributing federal political committee. C		
Name of Employer AHIP Occupation Deputy Director	Aggregate Year-to-Date ▼ 281.25	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Daniel Vigil		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Penn Ave; NW Suite 500 South Building		Transaction ID: 20061114-55
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 31.25	
FEC ID number of contributing federal political committee. C		
Name of Employer AHIP Occupation Deputy Director	Aggregate Year-to-Date ▼ 281.25	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kelly Vogel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-56
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Occupation Director; Federal Affairs	Aggregate Year-to-Date ▼ 437.43	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	83.33
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 / 41
	<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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Kelly Vogel		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-56	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Director; Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 437.43	

B. Full Name (Last, First, Middle Initial) Tom Wilder		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-57	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Vice President; Private Market Regulat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 875.07	

C. Full Name (Last, First, Middle Initial) Tom Wilder		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-57	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Vice President; Private Market Regulat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 875.07	

SUBTOTAL of Receipts This Page (optional) ▶	104.17
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 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Joseph Winn		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-59
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation State Advocacy Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.07	

Full Name (Last, First, Middle Initial) B. Joseph Winn		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061114-58
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation State Advocacy Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.07	

Full Name (Last, First, Middle Initial) C. Duane Wright		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061030-60
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans	Occupation Director; Legislative Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1062.54	

SUBTOTAL of Receipts This Page (optional)	▶	145.84
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 / 41	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Duane Wright

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
America's Health Insurance Director; Legislative Affairs
Plans

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1062.54

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: 20061114-59

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional)	▶	62.50
TOTAL This Period (last page this line number only)	▶	6275.72

**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
<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)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address 1101 Pennsylvania Ave; NW
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement
Merchant Svc Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 2711560611304340725

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

31.66

SUBTOTAL of Disbursements This Page (optional)

31.66

TOTAL This Period (last page this line number only)

31.66

**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

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Becerra for Congress		Transaction ID: 6231720610315495459 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address PO Box 261060		Amount of Each Disbursement this Period 1000.00
City Los Angeles	State CA	
Zip Code 90026	Purpose of Disbursement 2006 General	
Candidate Name Becerra Xavier	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 31		

Full Name (Last, First, Middle Initial) B. Carper for Senate		Transaction ID: 8473800610246695639 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 19 East Commons Blvd. Second Floor		Amount of Each Disbursement this Period 1000.00
City New Castle	State DE	
Zip Code 19720	Purpose of Disbursement 2006 General	
Candidate Name Carper Tom	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: DE District: 00		

Full Name (Last, First, Middle Initial) C. Cubin for Congress Inc		Transaction ID: 0396490611015779099 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address Post Office Box 4657 PO Box 4657		Amount of Each Disbursement this Period 1000.00
City Casper	State WY	
Zip Code 82604	Purpose of Disbursement 2006 General	
Candidate Name Cubin Barbara	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WY District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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 38 / 41

<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)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Friends of Clay Shaw		Transaction ID: 3761790610246697980 Date of Disbursement 10 / 25 / 2006
Mailing Address PO Box 2188 2600 NE 14Th. Street Causeway		Amount of Each Disbursement this Period 1000.00
City Fort Lauderdale State FL Zip Code 33303	Purpose of Disbursement 2006 General	
Candidate Name Shaw E.		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 22		

Full Name (Last, First, Middle Initial) B. Friends of Mike Ferguson		Transaction ID: 1798950610246700777 Date of Disbursement 10 / 25 / 2006
Mailing Address C/O Ron Gravino PO Box 225		Amount of Each Disbursement this Period 1000.00
City Colonia State NJ Zip Code 07067	Purpose of Disbursement 2006 General	
Candidate Name Ferguson Mike		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 07		

Full Name (Last, First, Middle Initial) C. Hastert for Congress Committee		Transaction ID: 8962360610256429148 Date of Disbursement 10 / 25 / 2006
Mailing Address PO Box 625		Amount of Each Disbursement this Period 5000.00
City Batavia State IL Zip Code 60510	Purpose of Disbursement 2006 General	
Candidate Name Hastert J.		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 14		

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
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)

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<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)
Americas Health Insurance Plans PAC (AHIP PAC)

<p>A. Full Name (Last, First, Middle Initial) Heather Wilson for Congress</p> <p>Mailing Address PO Box 14070</p> <p>City Albuquerque State NM Zip Code 87191</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Wilson Heather</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NM District: 01</p>		<p>Transaction ID: 9820460610315494693</p> <p>Date of Disbursement 10 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Heller for Congress</p> <p>Mailing Address PO Box 750580</p> <p>City Las Vegas State NV Zip Code 89136</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Heller Dean</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District: 02</p>		<p>Transaction ID: 1805260610246701746</p> <p>Date of Disbursement 10 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Jd Hayworth for Congress</p> <p>Mailing Address 14300 N. Northsight Blvd. #105</p> <p>City Scottsdale State AZ Zip Code 85260</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Hayworth J.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AZ District: 05</p>		<p>Transaction ID: 0802390610246700116</p> <p>Date of Disbursement 10 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 40 / 41

<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)
Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Leadership Encouraging Excellence Pac		Transaction ID: 5897890610256428298 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 2875 Towerview Road Suite 1000		Amount of Each Disbursement this Period 2000.00
City Herndon State VA Zip Code 20171	Purpose of Disbursement 2006 Contribution	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Michael Burgess for Congress		Transaction ID: 4441170610315493789 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address PO Box 2334		Amount of Each Disbursement this Period 1000.00
City Denton State TX Zip Code 76202	Purpose of Disbursement 2006 General	
Candidate Name Burgess Michael	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Northup for Congress		Transaction ID: 2822940610246698710 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address PO Box 7313		Amount of Each Disbursement this Period 1000.00
City Louisville State KY Zip Code 40257	Purpose of Disbursement 2006 General	
Candidate Name Northup Anne	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

<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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. People with Hart Inc Full Name (Last, First, Middle Initial) Mailing Address PO Box 435 City Wexford State PA Zip Code 15090 Purpose of Disbursement 2006 General Candidate Name Hart Melissa Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 1390610610246697130 Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 1000.00 Category/Type
B. Porter for Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 26087 City Las Vegas State NV Zip Code 89126 Purpose of Disbursement 2006 General Candidate Name Porter Jon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0081220610246699424 Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 1000.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

19000.00