

**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	

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) <b>A.</b> 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. <b>C</b>		
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 ▼ 1739.20	

Full Name (Last, First, Middle Initial) <b>B.</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. <b>C</b>		
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 ▼ 1739.20	

Full Name (Last, First, Middle Initial) <b>C.</b> 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. <b>C</b>		
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 Federal Legislat Aggregate Year-to-Date ▼ 4291.35	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	378.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]