

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 _____ in the State of _____

5. Covering Period 09 01 2006 through 09 30 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 10 13 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**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

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	199613.41									
(c) Total Receipts (from Line 19)	12245.97	269598.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	211859.38	388843.21								
7. Total Disbursements (from Line 31)	65611.86	242595.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	146247.52	146247.52								
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
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

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	7691.06	154330.07
(i) Itemized (use Schedule A)	964.66	12178.11
(ii) Unitemized	8655.72	166508.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	2500.00	89500.00
(c) Other Political Committees (such as PACs)	11155.72	256008.18
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	1090.25	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))	12245.97	269598.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12245.97	269598.43

DETAILED SUMMARY PAGE
of Disbursements

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.....	611.86	2257.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	611.86	2257.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65000.00	221323.58
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))..	65611.86	242595.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	65611.86	242595.69

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)	11155.72	256008.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11155.72	256008.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	611.86	2257.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	611.86	2257.11

**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 / 50
	<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	

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. James Balda		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Building; Suite 500		Transaction ID: 20060911-1
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 ▼ 250.02

Full Name (Last, First, Middle Initial) B. James Balda		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 601 Pennsylvania Ave NW South Building; Suite 500		Transaction ID: 20060927-1
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 ▼ 250.02

Full Name (Last, First, Middle Initial) C. Carmella Bocchino		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-4
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 208.33
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 ▼ 2583.32

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 7 / 50
	<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 Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-4	
City State Zip Code Washington DC 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		Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2583.32	

Full Name (Last, First, Middle Initial) B. Robert Borchardt		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-5	
City State Zip Code Washington DC 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		Occupation Senior Vice President Finance & Operat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Robert Borchardt		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-5	
City State Zip Code Washington DC 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		Occupation Senior Vice President Finance & Operat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) ▶	258.33
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 8 / 50
	<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. Lisa Brubaker		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 9 Mile Post Lane		Transaction ID: 6925010609276110296	
City Pittsford	State NY	Amount of Each Receipt this Period 250.00	
Zip Code 14534		FEC ID number of contributing federal political committee. C	
Name of Employer MVP Health Care	Occupation EVP Rochester Ops & Govt Progs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-6	
City Washington	State DC	Amount of Each Receipt this Period 83.33	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.94		

Full Name (Last, First, Middle Initial) C. Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-6	
City Washington	State DC	Amount of Each Receipt this Period 83.33	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.94		

SUBTOTAL of Receipts This Page (optional) ▶	416.66
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 9 / 50
	<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 Y 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-9
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 Executive Director Product Policy	
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. Winthrop Cashdollar		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-9
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 Executive Director Product Policy	
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. Yvonne Chanatry		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address 1276 N Wayne St #1223		Transaction ID: 20060911-10
City Arlington	State VA	Zip Code 22201-5848
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 Executive Director of Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

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 / 50
	<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. Yvonne Chanatry		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 1276 N Wayne St #1223		Transaction ID: 20060927-10	
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	Occupation Executive Director of Marketing		
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. Thomas Combs		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 90 Foxbourne Rd		Transaction ID: 6028970609276099892	
City Penfield	State NY	Zip Code 14526	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer MVP Health Care	Occupation EVP & CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ann Curry		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-11	
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	Occupation Deputy Director Product Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06		

SUBTOTAL of Receipts This Page (optional)	354.17
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 11 / 50
	<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. Ann Curry		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-11
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 Deputy Director Product Policy	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06

Full Name (Last, First, Middle Initial) B. Gregory Daphnis		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-12
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 Program Manager; VSD	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.94

Full Name (Last, First, Middle Initial) C. Gregory Daphnis		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-12
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 Program Manager; VSD	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.94

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 12 / 50
	<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. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-13
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	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 ▼ 1125.00	

Full Name (Last, First, Middle Initial) B. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-13
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	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 ▼ 1125.00	

Full Name (Last, First, Middle Initial) C. Jill Dowell		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-14
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	Occupation VP; Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.02	

SUBTOTAL of Receipts This Page (optional) ▶	208.33
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 13 / 50
	<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. Jill Dowell		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-14
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 VP; Federal Affairs Aggregate Year-to-Date ▼ 1000.02	

Full Name (Last, First, Middle Initial) B. Jeffrey Gabardi		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-16
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President; State Affairs Aggregate Year-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) C. Jeffrey Gabardi		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-16
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President; State Affairs Aggregate Year-to-Date ▼ 2250.00	

SUBTOTAL of Receipts This Page (optional) ▶	333.33
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 14 / 50
	<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 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-18
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 ▼ 374.94	

Full Name (Last, First, Middle Initial) B. Joni Hong		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-18
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 ▼ 374.94	

Full Name (Last, First, Middle Initial) C. John Hopkins		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2006
Mailing Address 2775 Crossroads Blvd		Transaction ID: 0190040609065383528
City Grand Junction State CO Zip Code 81506-8712	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer Rocky Mountain Health Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President and CEO Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	2041.66
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 15 / 50
	<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"/>	<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)
Donna Horoschak

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 Executive Director State Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2006

Transaction ID: 20060911-20

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
Donna Horoschak

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 Executive Director State Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2006

Transaction ID: 20060927-20

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
Scott Keefer

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 of Policy Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2006

Transaction ID: 20060911-22

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)	196.66
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 16 / 50
	<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 Keefer		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-22
City Washington State DC Zip Code 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	Aggregate Year-to-Date ▼ 540.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Barbara Lardy		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-24
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	Aggregate Year-to-Date ▼ 504.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Barbara Lardy		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-24
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	Aggregate Year-to-Date ▼ 504.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	86.00
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 17 / 50
	<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. Jeff Lemieux		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-26
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; Center for Heal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) B. Jeff Lemieux		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-26
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; Center for Heal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) C. Dan Leonard		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-28
City State Zip Code Washington DC 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	Occupation Executive VP; Advocacy & Professiona	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3749.94	

SUBTOTAL of Receipts This Page (optional) ▶	458.33
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 18 / 50
	<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 09 / 30 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-28	
City State Zip Code Washington DC 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		Occupation Executive VP; Advocacy & Professional	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3749.94	

Full Name (Last, First, Middle Initial) B. Joe Lessen		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-29	
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 Director of Special Projects; Federal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.02	

Full Name (Last, First, Middle Initial) C. Joe Lessen		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-29	
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 Director of Special Projects; Federal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.02	

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 19 / 50
	<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 Y 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-33
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 ▼ 812.52	

Full Name (Last, First, Middle Initial) B. Robert Menkes		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-33
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 ▼ 812.52	

Full Name (Last, First, Middle Initial) C. Thomas Meyers		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-35
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 ▼ 360.00	

SUBTOTAL of Receipts This Page (optional) ▶	40.84
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 20 / 50
	<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)
Thomas Meyers

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 Executive Director Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: 20060927-35

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Martin Mitchell

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 Regional Director State Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 374.94

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2006

Transaction ID: 20060911-37

Amount of Each Receipt this Period
20.83

C. Full Name (Last, First, Middle Initial)
Martin Mitchell

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 Regional Director State Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 374.94

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: 20060927-37

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional) ▶ 61.66

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 21 / 50		
	<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. Betsy Pelovitz		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-38
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation State Advocacy Regional Director Aggregate Year-to-Date ▼ 750.06	

Full Name (Last, First, Middle Initial) B. Betsy Pelovitz		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-38
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation State Advocacy Regional Director Aggregate Year-to-Date ▼ 750.06	

Full Name (Last, First, Middle Initial) C. Susan Pisano		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-39
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President Strategic Communication Aggregate Year-to-Date ▼ 1874.88	

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 22 / 50
	<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. Susan Pisano		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-39	
City State Zip Code Washington DC 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 ▼ 1874.88		

Full Name (Last, First, Middle Initial) B. Richard Ramsay		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-41	
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; State Advocacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.94		

Full Name (Last, First, Middle Initial) C. Richard Ramsay		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-41	
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; State Advocacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.94		

SUBTOTAL of Receipts This Page (optional) ▶	270.82
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 23 / 50
	<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 Rehm		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-43
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	Aggregate Year-to-Date ▼ 229.20	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert Rehm		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-43
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	Aggregate Year-to-Date ▼ 229.20	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sue A Rohan		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 601 Penn Ave; NW Suite 500 South Building		Transaction ID: 20060911-44
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	Aggregate Year-to-Date ▼ 416.65	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 24 / 50		
	<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. Sue A Rohan		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 601 Penn Ave; NW Suite 500 South Building		Transaction ID: 20060927-44	
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	Aggregate Year-to-Date ▼ 416.65		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Patricia P Smith		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 601 Penn Ave; NW Suite 500 South Building		Transaction ID: 20060911-46	
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	Aggregate Year-to-Date ▼ 499.98		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Patricia P Smith		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 601 Penn Ave; NW Suite 500 South Building		Transaction ID: 20060927-46	
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	Aggregate Year-to-Date ▼ 499.98		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 25 / 50
	<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 09 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-47	
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice President Aggregate Year-to-Date ▼ 1478.32		

Full Name (Last, First, Middle Initial) B. Charles Stellar		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-47	
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice President Aggregate Year-to-Date ▼ 1478.32		

Full Name (Last, First, Middle Initial) C. Scott Styles		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-48	
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 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 ▼ 3678.30		

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 26 / 50
	<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 M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-48
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 ▼ 3678.30	

Full Name (Last, First, Middle Initial) B. Jonathan Tilton		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-50
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 ▼ 374.94	

Full Name (Last, First, Middle Initial) C. Jonathan Tilton		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-50
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 ▼ 374.94	

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 27 / 50
	<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. Amy B Timmons		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW Suite 500		Transaction ID: 20060911-51
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer AHIP	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 708.39	

Full Name (Last, First, Middle Initial) B. Amy B Timmons		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 601 Pennsylvania Ave NW Suite 500		Transaction ID: 20060927-51
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer AHIP	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 708.39	

Full Name (Last, First, Middle Initial) C. Michael Tuffin		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-53
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
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 ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	208.34
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 28 / 50
	<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. Michael Tuffin		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-53	
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 of Strategic Com		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Rod Turner		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-54	
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	Occupation Vice President; Product Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.94		

Full Name (Last, First, Middle Initial) C. Rod Turner		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-54	
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	Occupation Vice President; Product Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.94		

SUBTOTAL of Receipts This Page (optional) ▶	291.66
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 29 / 50
	<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. Mark Van Koevering		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 107 Chocolay Downs Golf Dr		Transaction ID: 20060911-55	
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 ▼ 810.00		

Full Name (Last, First, Middle Initial) B. Mark Van Koevering		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 107 Chocolay Downs Golf Dr		Transaction ID: 20060927-55	
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 ▼ 810.00		

Full Name (Last, First, Middle Initial) C. Kelly Vogel		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-57	
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 ▼ 374.94		

SUBTOTAL of Receipts This Page (optional)	110.83
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 / 50
	<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 09 / 30 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-57	
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 ▼ 374.94		

B. Full Name (Last, First, Middle Initial) Tom Wilder		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-58	
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 ▼ 750.06		

C. Full Name (Last, First, Middle Initial) Tom Wilder		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-58	
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 ▼ 750.06		

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 31 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. Joseph Winn		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-60
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 State Advocacy Regional Director Aggregate Year-to-Date ▼ 750.06	

Full Name (Last, First, Middle Initial) B. Joseph Winn		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060927-60
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 State Advocacy Regional Director Aggregate Year-to-Date ▼ 750.06	

Full Name (Last, First, Middle Initial) C. Duane Wright		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060911-61
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 Director; Legislative Affairs Aggregate Year-to-Date ▼ 875.04	

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 32 / 50	
	(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 ▼
875.04

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2006

Transaction ID: 20060927-61

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)	▶	7691.06

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 50
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Blue Shield of California Political Action Committee

Mailing Address 50 Beale Street
18-105

City State Zip Code
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C** C00340364

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	7	/	2	0	0	6

Transaction ID: 2903290609276147149

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 50
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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)
AHIP PAC ADMIN Fund

Mailing Address 601 Pennsylvania Avenue; NW
Suite 500 South Building

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1090.25

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2006

Transaction ID: 1677620609203965057

Amount of Each Receipt this Period
1090.25

Transfer for Aug administ-
rative expenses

SUBTOTAL of Receipts This Page (optional)	▶	1090.25
TOTAL This Period (last page this line number only)	▶	1090.25

**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 35 / 50

<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		Transaction ID: 5087790610054710035 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 1101 Pennsylvania Ave; NW 11th Floor		Amount of Each Disbursement this Period 1.90
City Washington State DC Zip Code 20004	Purpose of Disbursement Amex Fees 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. Citibank		Transaction ID: 0831060610054708150 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 1101 Pennsylvania Ave; NW 11th Floor		Amount of Each Disbursement this Period 31.66
City Washington State DC Zip Code 20004	Purpose of Disbursement Merchant Svc Fees 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) C. Citibank		Transaction ID: 6166490610054701171 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 1101 Pennsylvania Ave; NW 11th Floor		Amount of Each Disbursement this Period 558.30
City Washington State DC Zip Code 20004	Purpose of Disbursement Merchant Svc Fees 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	591.86
TOTAL This Period (last page this line number only) ▶	591.86

**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)

Full Name (Last, First, Middle Initial) A. A Lot of People Who Support Jeff Bingaman		Transaction ID: 9544810609265838521
Mailing Address PO Box 16210		Date of Disbursement 09 / 26 / 2006
City Albuquerque	State NM	Zip Code 87191
Purpose of Disbursement 2006 General	Amount of Each Disbursement this Period 2000.00	
Candidate Name Bingaman Jeff	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: NM	District: 00	

Full Name (Last, First, Middle Initial) B. Ameripac: the Fund for a Greater America		Transaction ID: 4683950609283859946
Mailing Address 499 S. Capitol St. SW #414		Date of Disbursement 09 / 28 / 2006
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2006 Contribution	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. Ben Cardin for Senate		Transaction ID: 6927020609265837625
Mailing Address PO Box 21093		Date of Disbursement 09 / 26 / 2006
City Catonsville	State MD	Zip Code 21228
Purpose of Disbursement 2006 General	Amount of Each Disbursement this Period 1000.00	
Candidate Name Cardin Benjamin	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: MD	District: 00	

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)

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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)

Full Name (Last, First, Middle Initial) A. Castor for Congress		Transaction ID: 7212680609265836917 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO Box 5419		Amount of Each Disbursement this Period 1000.00
City Tampa State FL Zip Code 33675	Purpose of Disbursement 2006 General Candidate Name Castor Kathy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Citizens for Rush		Transaction ID: 5723380609055961922 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address PO Box 7292		Amount of Each Disbursement this Period 1000.00
City Chicago State IL Zip Code 60680	Purpose of Disbursement 2006 General Candidate Name Rush Bobby Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Committ To Elect Hank Johnson		Transaction ID: 0149340609265834270 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 5240 Snapfinger Park Dr. Ste. 140		Amount of Each Disbursement this Period 1000.00
City Decatur State GA Zip Code 30035	Purpose of Disbursement 2006 General Candidate Name JOHNSON Henry Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 04 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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)

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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)

Full Name (Last, First, Middle Initial) A. Committee To Elect Artur Davis To Congress		Transaction ID: 0453620609154045790 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address Post Office Box 1845		Amount of Each Disbursement this Period 1500.00
City Birmingham State AL Zip Code 35201	Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Davis Artur		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) B. Committee To Re-Elect Bobby Jindal		Transaction ID: 8446240609055997532 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address PO Box 8628		Amount of Each Disbursement this Period 1000.00
City Metairie State LA Zip Code 70011	Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Jindal Bobby		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) C. Committee To Re-Elect Vito Fossella		Transaction ID: 3739400609055982826 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address PO Box 120197 PO Box 060248		Amount of Each Disbursement this Period 1500.00
City Staten Island State NY Zip Code 10312	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Fossella Vito		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input 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)

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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)

Full Name (Last, First, Middle Initial) A. Congressman Bart Gordon Committee		Transaction ID: 3209760609154043751 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 2008		Amount of Each Disbursement this Period 1000.00
City Murfreesboro State TN Zip Code 37133	Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Gordon Bart		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Congressman Waxman Campaign Committee		Transaction ID: 6029440609154047356 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 6380 Wilshire Boulevard #1612		Amount of Each Disbursement this Period 2000.00
City Los Angeles State CA Zip Code 90048	Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Waxman Henry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Conservative and Republican Together Equals Results PAC (Carter PAC)		Transaction ID: 8914710609154032133 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 7315 Wisconsin Avenue Suite 705 East		Amount of Each Disbursement this Period 1000.00
City Bethesda State MD Zip Code 20814	Category/ Type	
Purpose of Disbursement 2006 Contribution		
Candidate Name		
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) ▼	

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)

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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)

Full Name (Last, First, Middle Initial) A. David Scott for Congress		Transaction ID: 6879880609055980048 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 162 Hurt Street Northeast		Amount of Each Disbursement this Period 1000.00
City Atlanta State GA Zip Code 30307		
Purpose of Disbursement 2006 General Candidate Name Scott David 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: GA District: 13		
Category/Type		

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee		Transaction ID: 8518130609293816110 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 430 South Capitol Street Southeast 2nd Floor		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003		
Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		
Category/Type		

Full Name (Last, First, Middle Initial) C. Evan Bayh Committee		Transaction ID: 9087750609055971180 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 850 Fort Wayne Avenue		Amount of Each Disbursement this Period 1000.00
City Indianapolis State IN Zip Code 46204		
Purpose of Disbursement 2010 Primary Candidate Name Bayh Evan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 00		
Category/Type		

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)

<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. Friends of Blanche Lincoln</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 3197</p>		<p>Transaction ID: 4913690609055968348</p> <p>Date of Disbursement 09 / 05 / 2006</p>
<p>City Little Rock State AR Zip Code 72203</p>	<p>Purpose of Disbursement 2010 Primary</p>	<p>Amount of Each Disbursement this Period 1000.00</p>
<p>Candidate Name Lincoln Blanche</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00</p>	<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. Friends of Hillary</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1717 K Street Northwest Suite 309A</p>		<p>Transaction ID: 0888930609265836187</p> <p>Date of Disbursement 09 / 26 / 2006</p>
<p>City Washington State DC Zip Code 20036</p>	<p>Purpose of Disbursement 2006 General</p>	<p>Amount of Each Disbursement this Period 2000.00</p>
<p>Candidate Name Clinton Hillary</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. Friends of Joe Lieberman</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 231294 State House Square</p>		<p>Transaction ID: 7957370609055960522</p> <p>Date of Disbursement 09 / 05 / 2006</p>
<p>City State House Square State CT Zip Code 06123</p>	<p>Purpose of Disbursement 2006 General</p>	<p>Amount of Each Disbursement this Period 2500.00</p>
<p>Candidate Name Lieberman Joseph</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>5500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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)

Full Name (Last, First, Middle Initial) A. Friends of John Tanner		Transaction ID: 2763520609154044876 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address Post Office Box 1994		Amount of Each Disbursement this Period 1000.00
City Union City State TN Zip Code 38281	Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Tanner John		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Mary Landrieu Inc		Transaction ID: 6391560609055969939 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 607 14th Street NW Suite 800 Suite 1434		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005	Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Landrieu Mary		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Gard for Congress		Transaction ID: 6643030609154039491 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 277		Amount of Each Disbursement this Period 1000.00
City Green Bay State WI Zip Code 54305	Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Gard John		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

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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)

Full Name (Last, First, Middle Initial) A. Hawkeye Pac, the		Transaction ID: 5870280609265835440 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 2500.00
City Des Moines State IA Zip Code 50309	Purpose of Disbursement 2006 Contribution Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Heartland Values Pac		Transaction ID: 1720670609153984283 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 505		Amount of Each Disbursement this Period 2000.00
City Sioux Falls State SD Zip Code 57101	Purpose of Disbursement 2006 Contribution Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Heller for Congress		Transaction ID: 5671440609154038161 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 750580		Amount of Each Disbursement this Period 1000.00
City Las Vegas State NV Zip Code 89136	Purpose of Disbursement 2006 General Candidate Name Heller Dean	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
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

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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)

Full Name (Last, First, Middle Initial) A. Hoosiers Supporting Buyer for Congress		Transaction ID: 9096180609255903077 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 200 North Main St. PO Box 712		Amount of Each Disbursement this Period 1000.00
City Monticello State IN Zip Code 47960		
Purpose of Disbursement 2006 General	Category/ Type	
Candidate Name Buyer Stephen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hoosiers Supporting Buyer for Congress		Transaction ID: 5538540609055998730 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 200 North Main St. PO Box 712		Amount of Each Disbursement this Period 1000.00
City Monticello State IN Zip Code 47960		
Purpose of Disbursement 2006 General	Category/ Type	
Candidate Name Buyer Stephen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hoyer for Congress		Transaction ID: 6066790609283859214 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 7905 Malcolm Road Suite 102		Amount of Each Disbursement this Period 1500.00
City Clinton State MD Zip Code 20735		
Purpose of Disbursement 2006 General	Category/ Type	
Candidate Name Hoyer Steny		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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)

Full Name (Last, First, Middle Initial) A. John D. Dingell for Congress Committee		Transaction ID: 3083580609056007950 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 607 14th Street Northwest Suite 800		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005		
Purpose of Disbursement 2006 General	Category/ Type	
Candidate Name Dingell John		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kay Granger Campaign Fund		Transaction ID: 7092870609265846751 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 715 Jones Street Suite 101		Amount of Each Disbursement this Period 1000.00
City Fort Worth State TX Zip Code 76102		
Purpose of Disbursement 2006 General	Category/ Type	
Candidate Name Granger Kay		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lindsey Graham for Senate		Transaction ID: 9990820609055981572 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address PO Box 1801		Amount of Each Disbursement this Period 1000.00
City Columbia State SC Zip Code 29202		
Purpose of Disbursement 2008 Primary	Category/ Type	
Candidate Name Graham Lindsey		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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(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)

Full Name (Last, First, Middle Initial) A. Making Business Excel Political Action Committee		Transaction ID: 8627240609055996298
Mailing Address PO Box 3241		Date of Disbursement 09 / 05 / 2006
City Cheyenne	State WY	Zip Code 82003
Purpose of Disbursement 2006 Contribution	Amount of Each Disbursement this Period 5000.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Mel Watt for Congress Committee		Transaction ID: 5083400609056003234
Mailing Address PO Box 36831		Date of Disbursement 09 / 05 / 2006
City Charlotte	State NC	Zip Code 28236
Purpose of Disbursement 2006 General	Amount of Each Disbursement this Period 1000.00	
Candidate Name Watt Melvin	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 12		

Full Name (Last, First, Middle Initial) C. Mike Thompson for Congress		Transaction ID: 8799370609056004898
Mailing Address 5429 Madison Avenue		Date of Disbursement 09 / 05 / 2006
City Sacramento	State CA	Zip Code 95841
Purpose of Disbursement 2006 General	Amount of Each Disbursement this Period 1000.00	
Candidate Name Thompson Mike	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 01		

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
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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)

Full Name (Last, First, Middle Initial) A. Next Century Fund		Transaction ID: 2169130609255974000 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 116 S Royal Street		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314	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. Our Common Values Pac		Transaction ID: 7612950609265847825 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 101 West Grand Avenue Suite 200		Amount of Each Disbursement this Period 2500.00
City Chicago State IL Zip Code 60610	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) C. Porter for Congress		Transaction ID: 7932010609265842365 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO Box 26087		Amount of Each Disbursement this Period 1000.00
City Las Vegas State NV Zip Code 89126	Purpose of Disbursement 2006 General Candidate Name Porter Jon Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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

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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)

Full Name (Last, First, Middle Initial) A. Prosperity Pac		Transaction ID: 4039450609056006070 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 429 North Saint Asaph		Amount of Each Disbursement this Period 2500.00
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement 2006 Contribution	Category/ Type	
Candidate Name		
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. Pryce for Congress		Transaction ID: 5803690609265841448 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 2000.00
City Columbus State OH Zip Code 43215		
Purpose of Disbursement 2006 General	Category/ Type	
Candidate Name Pryce Deborah		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Rogers for Congress		Transaction ID: 0871850609154037097 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address Post Office Box 581		Amount of Each Disbursement this Period 1500.00
City Brighton State MI Zip Code 48116		
Purpose of Disbursement 2006 General	Category/ Type	
Candidate Name Rogers Mike		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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

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(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)

Full Name (Last, First, Middle Initial) A. Rogers for Congress		Transaction ID: 6745010609056006860 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address Post Office Box 581		Amount of Each Disbursement this Period 1000.00
City Brighton State MI Zip Code 48116	Purpose of Disbursement 2006 General Candidate Name Rogers Mike Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Solis for Congress		Transaction ID: 6880390609265839239 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 6380 Wilshire Boulevard #1612		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90048	Purpose of Disbursement 2006 General Candidate Name Solis Hilda Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Steve Israel for Congress Committee		Transaction ID: 5049130609265846075 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO Box 777		Amount of Each Disbursement this Period 1000.00
City Deer Park State NY Zip Code 11729	Purpose of Disbursement 2006 General Candidate Name Israel Steve Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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)

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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)

Full Name (Last, First, Middle Initial)

A. Together for Our Majority Political Action Committee (T-OMPAC)

Mailing Address PO Box 16488

City Arlington State VA Zip Code 22215

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 1387010609265840128

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Wally Herger for Congress Committee

Mailing Address PO Box 1500

City Chico State CA Zip Code 95927

Purpose of Disbursement
2006 General

Candidate Name
Herger Wally

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 02

Transaction ID: 1973160609056000218

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)