

**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	

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

Full Name (Last, First, Middle Initial) <b>A. James Balda</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Building; Suite 500		<b>Transaction ID:</b> 20060911-1
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		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>B. James Balda</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 601 Pennsylvania Ave NW South Building; Suite 500		<b>Transaction ID:</b> 20060927-1
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Carmella Bocchino</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060911-4
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>291.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	