

# 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. Larry Akey</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID: 20060818-1</b> Amount of Each Receipt this Period 41.67
City Washington State DC Zip Code 20004-2601		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer America's Health Insurance Plans	Occupation Sr. Director Publications & Strategic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.05	

Full Name (Last, First, Middle Initial) <b>B. Carmella Bocchino</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID: 20060818-5</b> Amount of Each Receipt this Period 208.33
City Washington State DC Zip Code 20004-2601		
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 2166.66	

Full Name (Last, First, Middle Initial) <b>C. Carmella Bocchino</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID: 20060827-4</b> Amount of Each Receipt this Period 208.33
City Washington State DC Zip Code 20004-2601		
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 2166.66	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	458.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____