Image# 27940116151

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)

CITY: Washington | STATE: DC | ZIPCODE: 20004

2. **FEC IDENTIFICATION NUMBER**: C00106740

3. IS THIS REPORT: [X] 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)
- [X] 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)
- [ ] Mar 20 (M3)
- [ ] Apr 20 (M4)
- [ ] May 20 (M5)
- [ ] Jun 20 (M6)
- [ ] Jul 20 (M7)
- [ ] Aug 20 (M8)
- [ ] Sep 20 (M9)
- [ ] Oct 20 (M10)
- [ ] Nov 20 (M11) (Non-Election Year Only)
- [ ] Dec 20 (M12) (Non-Election Year Only)
- [ ] 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 11 28 2006 through 12 31 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: 01 31 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

Image# 27940116152

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

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

Report Covering the Period: From: 11/28/2006 To: 12/31/2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		119244.78
(b) Cash on Hand at Begining of Reporting Period	127195.47	
(c) Total Receipts (from Line 19)	27187.69	307286.38
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	154383.16	426531.16
7. Total Disbursements (from Line 31)	4641.42	276789.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	149741.74	149741.74
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	

[X] 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: 11/28/2006 To: 12/31/2006

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		
(i) Itemized (use Schedule A)	21300.15	184502.05
(ii) Unitemized	787.54	14594.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))	22087.69	199096.13
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	4100.00	93600.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	26187.69	292696.13
12. Transfers From Affiliated/Other Party Committees	0.00	1090.25
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	13500.00
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))	27187.69	307286.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27187.69	307286.38

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	141.42	2450.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	141.42	2450.84
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	4500.00	255323.58
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))	4641.42	276789.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	4641.42	276789.42

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)	26187.69	292696.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26187.69	292696.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	141.42	2450.84
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	141.42	2450.84

Image# 27940116156

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

A. Full Name (Last, First, Middle Initial)
Al Annexstad
Mailing Address 121 East Park Square
P.O. Box 328
City: Owatonna State: MN Zip Code: 55060-3046
FEC ID number of contributing federal political committee. C
Name of Employer: Federated Insurance Companies
Occupation: Chairman of the Board; President and C
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 12 / 05 / 2006
Transaction ID: 4418370612046111397
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
George Babitsch
Mailing Address 41 Highlands Drive
City: Kennelon State: NJ Zip Code: 07405
FEC ID number of contributing federal political committee. C
Name of Employer: Group Health Inc.
Occupation: Senior Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 / 05 / 2006
Transaction ID: 0873160612045989185
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
James Balda
Mailing Address 601 Pennsylvania Ave NW
South Building; Suite 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: VP Member Services and Professional De
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.04

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-1
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ **791.67**

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

Image# 27940116157

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

A. Full Name (Last, First, Middle Initial)
James Balda

Mailing Address 601 Pennsylvania Ave NW
South Building; Suite 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: VP Member Services and Professional De

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 500.04

Date of Receipt: 12 / 15 / 2006

Transaction ID: 20061218-1

Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
James Balda

Mailing Address 601 Pennsylvania Ave NW
South Building; Suite 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: VP Member Services and Professional De

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 500.04

Date of Receipt: 12 / 31 / 2006

Transaction ID: 20061227-1

Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Carmella Bocchino

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 Vice President; Clinical Aff

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 3833.30

Date of Receipt: 11 / 30 / 2006

Transaction ID: 20061123-4

Amount of Each Receipt this Period: 208.33

SUBTOTAL of Receipts This Page (optional) ..... ▶ **291.67**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116158

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 64
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Carmella Bocchino
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 Vice President; Clinical Aff
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3833.30

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-4
Amount of Each Receipt this Period: 208.33

B. Full Name (Last, First, Middle Initial)
Carmella Bocchino
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 Vice President; Clinical Aff
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3833.30

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-4
Amount of Each Receipt this Period: 208.33

C. Full Name (Last, First, Middle Initial)
Robert Borchardt
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington State: DC Zip Code: 20004-2601
FEC ID number of contributing federal political committee. C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President Finance & Operat
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-5
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **441.66**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116159

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

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

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City: Washington | State: DC | Zip Code: 20004-2601

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 600.00

Date of Receipt: 12 / 15 / 2006

Transaction ID: 20061218-5

Amount of Each Receipt this Period: 25.00

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

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City: Washington | State: DC | Zip Code: 20004-2601

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 600.00

Date of Receipt: 12 / 31 / 2006

Transaction ID: 20061227-5

Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Frank J Branchini

Mailing Address 441 9th Ave

City: New York | State: NY | Zip Code: 10001-1623

FEC ID number of contributing federal political committee. C

Name of Employer: Group Health Incorporated
Occupation: CEO

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 2000.00

Date of Receipt: 12 / 05 / 2006

Transaction ID: 8248750612045818160

Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2050.00**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116160

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Francie Burkhart
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington State: DC Zip Code: 20004-2601
FEC ID number of contributing federal political committee. C
Name of Employer: America's Health Insurance Plans
Occupation: Director Political Affairs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1999.92

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-6
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Francie Burkhart
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington State: DC Zip Code: 20004-2601
FEC ID number of contributing federal political committee. C
Name of Employer: America's Health Insurance Plans
Occupation: Director Political Affairs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1999.92

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-6
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
Francie Burkhart
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington State: DC Zip Code: 20004-2601
FEC ID number of contributing federal political committee. C
Name of Employer: America's Health Insurance Plans
Occupation: Director Political Affairs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1999.92

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-6
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ..... ▶ **249.99**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116161

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Sarah Buxton
Mailing Address 4000 Glenwood Ave
City: Golden Valley State: MN Zip Code: 55422
FEC ID number of contributing federal political committee. C
Name of Employer: Federated Insurance Co.
Occupation: EVP
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 12 / 05 / 2006
Transaction ID: 0547130612046202136
Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
Winthrop Cashdollar
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: 1500.00

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-9
Amount of Each Receipt this Period: 62.50

C. Full Name (Last, First, Middle Initial)
Winthrop Cashdollar
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: 1500.00

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-9
Amount of Each Receipt this Period: 62.50

SUBTOTAL of Receipts This Page (optional) ▶ **325.00**

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

Image# 27940116162

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 / 64

X 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Winthrop Cashdollar

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: 1500.00

Date of Receipt: 12 / 31 / 2006

Transaction ID: 20061227-9

Amount of Each Receipt this Period: 62.50

B. Full Name (Last, First, Middle Initial)
Yvonne Chanatry

Mailing Address 1276 N Wayne St
#1223

City: Arlington | State: VA | Zip Code: 22201-5857

FEC ID number of contributing federal political committee. C

Name of Employer: America's Health Insurance Plans

Occupation: Executive Director of Marketing

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1500.00

Date of Receipt: 11 / 30 / 2006

Transaction ID: 20061123-10

Amount of Each Receipt this Period: 62.50

C. Full Name (Last, First, Middle Initial)
Yvonne Chanatry

Mailing Address 1276 N Wayne St
#1223

City: Arlington | State: VA | Zip Code: 22201-5857

FEC ID number of contributing federal political committee. C

Name of Employer: America's Health Insurance Plans

Occupation: Executive Director of Marketing

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1500.00

Date of Receipt: 12 / 15 / 2006

Transaction ID: 20061218-10

Amount of Each Receipt this Period: 62.50

SUBTOTAL of Receipts This Page (optional) ▶ **187.50**

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

Image# 27940116163

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Yvonne Chanatry
Mailing Address 1276 N Wayne St #1223
City: Arlington State: VA Zip Code: 22201-5857
FEC ID number of contributing federal political committee. C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director of Marketing
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-10
Amount of Each Receipt this Period: 62.50

B. Full Name (Last, First, Middle Initial)
Jeffrey Chansler
Mailing Address 379 Fairmount Ave
City: Jersey City State: NJ Zip Code: 07306-5908
FEC ID number of contributing federal political committee. C
Name of Employer: Group Health Inc
Occupation: SVP/General Counsel
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 / 05 / 2006
Transaction ID: 8388320612046000070
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Ann Curry
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; Federal Affairs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.08

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-11
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ **354.17**

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

Image# 27940116164

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Ann Curry

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; Federal Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1000.08

Date of Receipt: 12 / 15 / 2006

Transaction ID: 20061218-11

Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Ann Curry

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; Federal Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1000.08

Date of Receipt: 12 / 31 / 2006

Transaction ID: 20061227-11

Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Gregory Daphnis

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: Program Manager; VSD

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 499.92

Date of Receipt: 11 / 30 / 2006

Transaction ID: 20061123-12

Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ..... ▶ **104.17**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116165

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 / 64

X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Gregory Daphnis

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: Program Manager; VSD

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 499.92

Date of Receipt: 12 / 15 / 2006

Transaction ID: 20061218-12

Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Gregory Daphnis

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: Program Manager; VSD

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 499.92

Date of Receipt: 12 / 31 / 2006

Transaction ID: 20061227-12

Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Gregory Dean

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 of AHIP's Learning

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1500.00

Date of Receipt: 11 / 30 / 2006

Transaction ID: 20061123-13

Amount of Each Receipt this Period: 62.50

SUBTOTAL of Receipts This Page (optional) ▶ **104.16**

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

Image# 27940116166

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Gregory Dean
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 of AHIP's Learning
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-13
Amount of Each Receipt this Period: 62.50

B. Full Name (Last, First, Middle Initial)
Gregory Dean
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 of AHIP's Learning
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-13
Amount of Each Receipt this Period: 62.50

C. Full Name (Last, First, Middle Initial)
Marilyn DeQuatro
Mailing Address 441 9th Avennue
City: New York State: NY Zip Code: 10001
FEC ID number of contributing federal political committee. C
Name of Employer: Group Health Inc.
Occupation: SVP
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 / 05 / 2006
Transaction ID: 10006006120460082 13
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **375.00**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116167

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

A. Full Name (Last, First, Middle Initial)
Stephanie Dougherty
Mailing Address 410 W Lombard S
Apt 605
City: Baltimore State: MD Zip Code: 21201-1625
FEC ID number of contributing federal political committee. C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Professional Programs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 249.84
Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-26
Amount of Each Receipt this Period: 10.41

B. Full Name (Last, First, Middle Initial)
Stephanie Dougherty
Mailing Address 410 W Lombard S
Apt 605
City: Baltimore State: MD Zip Code: 21201-1625
FEC ID number of contributing federal political committee. C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Professional Programs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 249.84
Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-26
Amount of Each Receipt this Period: 10.41

C. Full Name (Last, First, Middle Initial)
Stephanie Dougherty
Mailing Address 410 W Lombard S
Apt 605
City: Baltimore State: MD Zip Code: 21201-1625
FEC ID number of contributing federal political committee. C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Professional Programs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 249.84
Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-26
Amount of Each Receipt this Period: 10.41

SUBTOTAL of Receipts This Page (optional) ..... ▶ **31.23**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116168

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Jill Dowell
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: VP; Federal Affairs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-14
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Jill Dowell
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: VP; Federal Affairs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-14
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
Jill Dowell
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: VP; Federal Affairs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-14
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ **249.99**

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

Image# 27940116169

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Paul Droher
Mailing Address 1305 Ridge Road
City: Owatonna State: MN Zip Code: 55060
FEC ID number of contributing federal political committee. C
Name of Employer: Federated Insurance
Occupation: Executive Vice President; Insurance Op
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 12 / 05 / 2006
Transaction ID: 1905190612046147166
Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
Thomas Dwyer
Mailing Address 18 Dellwood Court
City: Middletown State: NJ Zip Code: 07748
FEC ID number of contributing federal political committee. C
Name of Employer: Group Health Incorporated
Occupation: Manager
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 / 05 / 2006
Transaction ID: 02902306120458579 50
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Jane Florek
Mailing Address 201 E 21st St #7C
City: New York State: NY Zip Code: 10010-6401
FEC ID number of contributing federal political committee. C
Name of Employer: Group Health Inc.
Occupation: VP
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 / 05 / 2006
Transaction ID: 9968480612055777433
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

Image# 27940116170

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City: Washington | State: DC | Zip Code: 20004-2601

FEC ID number of contributing federal political committee: C

Name of Employer: America's Health Insurance Plans

Occupation: Senior Vice President; State Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 3000.00

Date of Receipt: 11 / 30 / 2006

Transaction ID: 20061123-16

Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City: Washington | State: DC | Zip Code: 20004-2601

FEC ID number of contributing federal political committee: C

Name of Employer: America's Health Insurance Plans

Occupation: Senior Vice President; State Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 3000.00

Date of Receipt: 12 / 15 / 2006

Transaction ID: 20061218-16

Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City: Washington | State: DC | Zip Code: 20004-2601

FEC ID number of contributing federal political committee: C

Name of Employer: America's Health Insurance Plans

Occupation: Senior Vice President; State Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 3000.00

Date of Receipt: 12 / 31 / 2006

Transaction ID: 20061227-16

Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 375.00

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116171

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Joni Hong
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington State: DC Zip Code: 20004-2601
FEC ID number of contributing federal political committee. C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Associate Counsel; Special Proj
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-18
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Joni Hong
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington State: DC Zip Code: 20004-2601
FEC ID number of contributing federal political committee. C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Associate Counsel; Special Proj
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-18
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Joni Hong
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington State: DC Zip Code: 20004-2601
FEC ID number of contributing federal political committee. C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Associate Counsel; Special Proj
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-18
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ..... ▶ 62.49

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116172

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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: 1749.96

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-19
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: 1749.96

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-19
Amount of Each Receipt this Period: 83.33

C. 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: 1749.96

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-19
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ **249.99**

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

Image# 27940116173

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Karen Ignagni

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: President and CEO

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 5000.00

Date of Receipt: M M 12 / D D 20 / Y Y Y Y 2006

Transaction ID: 8941720612206365900

Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
Steven Judd

Mailing Address 121 E. Park Square

City: Owatonna | State: MN | Zip Code: 55060

FEC ID number of contributing federal political committee. C

Name of Employer: Federated Insurance
Occupation: SVP; Actuarial Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: M M 12 / D D 05 / Y Y Y Y 2006

Transaction ID: 8908840612046196057

Amount of Each Receipt this Period: 200.00

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: 720.00

Date of Receipt: M M 11 / D D 30 / Y Y Y Y 2006

Transaction ID: 20061123-21

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **5230.00**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116174

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. 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: 720.00

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-21
Amount of Each Receipt this Period: 30.00

B. 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: 720.00

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-21
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Michael Keller
Mailing Address 1745 Denmark Place; NE
City: Owatonna State: MN Zip Code: 55060
FEC ID number of contributing federal political committee. C
Name of Employer: Federated Insurance
Occupation: Executive Project Manager
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 12 / 05 / 2006
Transaction ID: 1982880612046158349
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **260.00**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116175

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Steven Kessler
Mailing Address 1515 Washington St
City: Cortlandt Manor | State: NY | Zip Code: 10567-7027
FEC ID number of contributing federal political committee. C
Name of Employer: Group Health Inc.
Occupation: Marketing
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 / 05 / 2006
Transaction ID: 5404060612046017789
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Tony Lamb
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee. C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Political Affairs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.08

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-22
Amount of Each Receipt this Period: 10.42

C. Full Name (Last, First, Middle Initial)
Tony Lamb
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee. C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Political Affairs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.08

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-22
Amount of Each Receipt this Period: 10.42

SUBTOTAL of Receipts This Page (optional) ▶ **270.84**

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

Image# 27940116176

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Tony Lamb
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington State: DC Zip Code: 20004-2601
FEC ID number of contributing federal political committee. C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Political Affairs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.08

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-22
Amount of Each Receipt this Period: 10.42

B. Full Name (Last, First, Middle Initial)
Barbara Lardy
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: Vice President; Medical Affairs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 672.00

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-23
Amount of Each Receipt this Period: 28.00

C. Full Name (Last, First, Middle Initial)
Barbara Lardy
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: Vice President; Medical Affairs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 672.00

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-23
Amount of Each Receipt this Period: 28.00

SUBTOTAL of Receipts This Page (optional) ▶ **66.42**

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

Image# 27940116177

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Barbara Lardy
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: Vice President; Medical Affairs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 672.00

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-23
Amount of Each Receipt this Period: 28.00

B. Full Name (Last, First, Middle Initial)
Larry Larson
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 Operations and Claims
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 229.13

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-24
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Larry Larson
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 Operations and Claims
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 229.13

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-24
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 69.66

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

Image# 27940116178

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Jeff Lemieux
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: SVP; Center for Health Policy & Resear
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-25
Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Jeff Lemieux
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: SVP; Center for Health Policy & Resear
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-25
Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Jeff Lemieux
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: SVP; Center for Health Policy & Resear
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-25
Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ▶ **375.00**

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

Image# 27940116179

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 64
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X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

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

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 VP; Advocacy & Professiona

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 4999.92

Date of Receipt: M M 11 / D D 30 / Y Y Y Y 2006

Transaction ID: 20061123-27

Amount of Each Receipt this Period: 208.33

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

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 VP; Advocacy & Professiona

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 4999.92

Date of Receipt: M M 12 / D D 15 / Y Y Y Y 2006

Transaction ID: 20061218-27

Amount of Each Receipt this Period: 208.33

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

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 VP; Advocacy & Professiona

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 4999.92

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2006

Transaction ID: 20061227-27

Amount of Each Receipt this Period: 208.33

SUBTOTAL of Receipts This Page (optional) ..... ▶ 624.99

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116180

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

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X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Joe Lessen

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 Special Projects; Federal

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1250.04

Date of Receipt: 11 / 30 / 2006

Transaction ID: 20061123-28

Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Joe Lessen

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 Special Projects; Federal

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1250.04

Date of Receipt: 12 / 15 / 2006

Transaction ID: 20061218-28

Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Joe Lessen

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 Special Projects; Federal

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1250.04

Date of Receipt: 12 / 31 / 2006

Transaction ID: 20061227-28

Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ..... ▶ **125.01**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116181

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 64
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X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Maria Lopes
Mailing Address 65 Auryansen Ct
City: Closter | State: NJ | Zip Code: 07624-2847
FEC ID number of contributing federal political committee. C
Name of Employer: Group Health Inc.
Occupation: Chief Medical Officer
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 / 05 / 2006
Transaction ID: 0547000612046048880
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Debi Manning
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 Human Resources
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-29
Amount of Each Receipt this Period: 15.00

C. Full Name (Last, First, Middle Initial)
Debi Manning
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 Human Resources
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-29
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **280.00**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116182

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Debi Manning

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 Human Resources

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 240.00

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-29
Amount of Each Receipt this Period: 15.00

B. Full Name (Last, First, Middle Initial)
Ilene Margolin

Mailing Address 441 9th Ave

City: New York | State: NY | Zip Code: 10001-1623

FEC ID number of contributing federal political committee. C

Name of Employer: Group Health Incorporated
Occupation: Senior Vice President; Corporate Affai

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 12 / 05 / 2006
Transaction ID: 8907790612045873633
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
William Mastro

Mailing Address 441 9th Ave

City: New York | State: NY | Zip Code: 10001-1642

FEC ID number of contributing federal political committee. C

Name of Employer: Group Health Incorporated
Occupation: Sr. Vice President - Legal

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 12 / 05 / 2006
Transaction ID: 3394210612045881666
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **515.00**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116183

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

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

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: Vice President; Strategic Planning

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 875.04

Date of Receipt: 11 / 30 / 2006

Transaction ID: 20061123-32

Amount of Each Receipt this Period: 10.42

B. Full Name (Last, First, Middle Initial)
Robert Menkes

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: Vice President; Strategic Planning

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 875.04

Date of Receipt: 12 / 15 / 2006

Transaction ID: 20061218-32

Amount of Each Receipt this Period: 10.42

C. Full Name (Last, First, Middle Initial)
Robert Menkes

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: Vice President; Strategic Planning

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 875.04

Date of Receipt: 12 / 31 / 2006

Transaction ID: 20061227-32

Amount of Each Receipt this Period: 10.42

SUBTOTAL of Receipts This Page (optional) ..... ▶ **31.26**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116184

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Anthony Meoni

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 Information Technol

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 252.00

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-33

Amount of Each Receipt this Period: 10.50

B. Full Name (Last, First, Middle Initial)
Anthony Meoni

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 Information Technol

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 252.00

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-33

Amount of Each Receipt this Period: 10.50

C. Full Name (Last, First, Middle Initial)
Anthony Meoni

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 Information Technol

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 252.00

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-33

Amount of Each Receipt this Period: 10.50

SUBTOTAL of Receipts This Page (optional) ..... ▶ **31.50**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116185

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 64
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X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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: 480.00

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-34
Amount of Each Receipt this Period: 20.00

B. 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: 480.00

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-34
Amount of Each Receipt this Period: 20.00

C. 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: 480.00

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-34
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

Image# 27940116186

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 64
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X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. 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; Sate Advocacy

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 499.92

Date of Receipt: 11 / 30 / 2006

Transaction ID: 20061123-37

Amount of Each Receipt this Period: 20.83

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; Sate Advocacy

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 499.92

Date of Receipt: 12 / 15 / 2006

Transaction ID: 20061218-37

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; Sate Advocacy

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 499.92

Date of Receipt: 12 / 31 / 2006

Transaction ID: 20061227-37

Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ **62.49**

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

Image# 27940116187

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 64
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X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 Nemeth

Mailing Address 441 9th Ave
8TH Floor

City: New York | State: NY | Zip Code: 10001-1601

FEC ID number of contributing federal political committee. C

Name of Employer: Group Health Inc.
Occupation: SVP

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 12 / 05 / 2006

Transaction ID: 9630210612046026875

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Michael Palmateer

Mailing Address 114 Sylvania Ave

City: Avon by the Sean | State: NY | Zip Code: 07717

FEC ID number of contributing federal political committee. C

Name of Employer: Group Health Inc.
Occupation: SVP

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 12 / 05 / 2006

Transaction ID: 3915870612046074513

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Betsy Pelovitz

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: State Advocacy Regional Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1000.08

Date of Receipt: 11 / 30 / 2006

Transaction ID: 20061123-38

Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ **541.67**

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

Image# 27940116188

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Betsy Pelovitz
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: State Advocacy Regional Director
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.08

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-38
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Betsy Pelovitz
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: State Advocacy Regional Director
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.08

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-38
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Susan Pisano
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: Vice President Strategic Communication
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2499.84

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-39
Amount of Each Receipt this Period: 104.16

SUBTOTAL of Receipts This Page (optional) ▶ **187.50**

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

Image# 27940116189

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Susan Pisano
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: Vice President Strategic Communication
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2499.84

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-39
Amount of Each Receipt this Period: 104.16

B. Full Name (Last, First, Middle Initial)
Susan Pisano
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: Vice President Strategic Communication
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2499.84

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-39
Amount of Each Receipt this Period: 104.16

C. Full Name (Last, First, Middle Initial)
Jennifer Rak
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
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 249.96

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-40
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 229.15

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

Image# 27940116190

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Jennifer Rak
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
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 249.96

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-40
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Jennifer Rak
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
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 249.96

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-40
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Richard Ramsay
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: Vice President; State Advocacy
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1999.92

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-41
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ **124.99**

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

Image# 27940116191

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Richard Ramsay

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: Vice President; State Advocacy

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1999.92

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-41
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Richard Ramsay

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: Vice President; State Advocacy

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1999.92

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-41
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
Ingrid Reeves

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 of Membership

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 264.00

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-42
Amount of Each Receipt this Period: 11.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **177.66**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116192

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Ingrid Reeves
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 of Membership
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 264.00

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-42
Amount of Each Receipt this Period: 11.00

B. Full Name (Last, First, Middle Initial)
Ingrid Reeves
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 of Membership
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 264.00

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-42
Amount of Each Receipt this Period: 11.00

C. Full Name (Last, First, Middle Initial)
Bob Rehm
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: Vice President; Public Health & Clinic
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 354.18

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-43
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ **42.83**

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

Image# 27940116193

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Bob Rehm

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: Vice President; Public Health & Clinic

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 354.18

Date of Receipt: 12 / 15 / 2006

Transaction ID: 20061218-43

Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Bob Rehm

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: Vice President; Public Health & Clinic

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 354.18

Date of Receipt: 12 / 31 / 2006

Transaction ID: 20061227-43

Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Richard Richiski

Mailing Address One Liberty Plaza; 31st Floor

City: New York | State: NY | Zip Code: 10006-1404

FEC ID number of contributing federal political committee. C

Name of Employer: Zurich North America

Occupation: Executive Vice President; COO Specialt

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 3000.00

Date of Receipt: 12 / 05 / 2006

Transaction ID: 5326150701084847719

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **1041.66**

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

Image# 27940116194

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Sue Rohan

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: Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 916.63

Date of Receipt: 11 / 30 / 2006

Transaction ID: 20061123-44

Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Sue Rohan

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: Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 916.63

Date of Receipt: 12 / 15 / 2006

Transaction ID: 20061218-44

Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
Sue Rohan

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: Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 916.63

Date of Receipt: 12 / 31 / 2006

Transaction ID: 20061227-44

Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ..... ▶ **249.99**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116195

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 45 / 64

X 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Aran Ron

Mailing Address 1012 Constable Dr

City: Mamaroneck | State: NY | Zip Code: 10543-4702

FEC ID number of contributing federal political committee. C

Name of Employer: Group Health Inc.

Occupation: SVP

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 400.00

Date of Receipt: 12 / 05 / 2006

Transaction ID: 92445006120459739 38

Amount of Each Receipt this Period: 400.00

B. Full Name (Last, First, Middle Initial)
Mark Scharmer

Mailing Address 17683 Kingswood Circle

City: Lakeville | State: MN | Zip Code: 55044

FEC ID number of contributing federal political committee. C

Name of Employer: Federated Insurance

Occupation: Executive Vice-President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 12 / 05 / 2006

Transaction ID: 22634606120461724 22

Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial)
Lisa Shreve

Mailing Address 12149 Darnley Rd

City: Woodbridge | State: VA | Zip Code: 22192-6615

FEC ID number of contributing federal political committee. C

Name of Employer: America's Health Insurance Plans

Occupation: Vice President; Professional Programs

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 250.08

Date of Receipt: 11 / 30 / 2006

Transaction ID: 20061123-45

Amount of Each Receipt this Period: 10.42

SUBTOTAL of Receipts This Page (optional) ▶ **610.42**

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

Image# 27940116196

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Lisa Shreve
Mailing Address 12149 Darnley Rd
City: Woodbridge State: VA Zip Code: 22192-6615
FEC ID number of contributing federal political committee. C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Professional Programs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.08

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-45
Amount of Each Receipt this Period: 10.42

B. Full Name (Last, First, Middle Initial)
Lisa Shreve
Mailing Address 12149 Darnley Rd
City: Woodbridge State: VA Zip Code: 22192-6615
FEC ID number of contributing federal political committee. C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Professional Programs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.08

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-45
Amount of Each Receipt this Period: 10.42

C. Full Name (Last, First, Middle Initial)
Patricia Smith
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: Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 916.63

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-46
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ **104.17**

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

Image# 27940116197

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Patricia Smith

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: Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 916.63

Date of Receipt: 12 / 15 / 2006

Transaction ID: 20061218-46

Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Raymond Stawarz

Mailing Address 70 Oakview Place

City: Owatonna | State: MN | Zip Code: 55060

FEC ID number of contributing federal political committee. C

Name of Employer: Federated Insurance Co.
Occupation: SVP

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 12 / 05 / 2006

Transaction ID: 5160470612046216797

Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial)
Charles Stellar

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 Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 2000.00

Date of Receipt: 11 / 30 / 2006

Transaction ID: 20061123-47

Amount of Each Receipt this Period: 86.96

SUBTOTAL of Receipts This Page (optional) ..... ▶ **370.29**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116198

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Charles Stellar

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 Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 2000.00

Date of Receipt: 12 / 15 / 2006

Transaction ID: 20061218-47

Amount of Each Receipt this Period: 86.96

B. Full Name (Last, First, Middle Initial)
Charles Stellar

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 Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 2000.00

Date of Receipt: 12 / 31 / 2006

Transaction ID: 20061227-47

Amount of Each Receipt this Period: 86.88

C. Full Name (Last, First, Middle Initial)
Gregroy Stroik

Mailing Address 918 St. Andrews Place

City: Owatonna | State: MN | Zip Code: 55060

FEC ID number of contributing federal political committee. C

Name of Employer: Federated Insurance Co.
Occupation: SVP

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 12 / 05 / 2006

Transaction ID: 9080760612046210747

Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶ **373.84**

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

Image# 27940116199

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Scott Styles
Mailing Address 601 Pennsylvania Ave NW
South Building; 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: SVP; Government Affairs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 4904.40

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-48
Amount of Each Receipt this Period: 204.35

B. Full Name (Last, First, Middle Initial)
Scott Styles
Mailing Address 601 Pennsylvania Ave NW
South Building; 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: SVP; Government Affairs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 4904.40

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-48
Amount of Each Receipt this Period: 204.35

C. Full Name (Last, First, Middle Initial)
Scott Styles
Mailing Address 601 Pennsylvania Ave NW
South Building; 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: SVP; Government Affairs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 4904.40

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-48
Amount of Each Receipt this Period: 204.35

SUBTOTAL of Receipts This Page (optional) ▶ **613.05**

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

Image# 27940116200

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Jeanette Thornton

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; Health Informatics

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 208.30

Date of Receipt: 12 / 31 / 2006

Transaction ID: 20061227-49

Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Jonathan Tilton

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: Deputy Director; Strategic Communicati

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 499.92

Date of Receipt: 11 / 30 / 2006

Transaction ID: 20061123-50

Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Jonathan Tilton

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: Deputy Director; Strategic Communicati

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 499.92

Date of Receipt: 12 / 15 / 2006

Transaction ID: 20061218-50

Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 62.49

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

Image# 27940116201

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Jonathan Tilton

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: Deputy Director; Strategic Communicati

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 499.92

Date of Receipt: 12 / 31 / 2006

Transaction ID: 20061227-50

Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Marybeth Tita

Mailing Address 16 Austin Lane

City: Huntington | State: NY | Zip Code: 11743

FEC ID number of contributing federal political committee. C

Name of Employer: Group Health Inc.
Occupation: Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 12 / 05 / 2006

Transaction ID: 0327080612046060244

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City: Washington | State: DC | Zip Code: 20004-2601

FEC ID number of contributing federal political committee. C

Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President of Strategic Com

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1500.00

Date of Receipt: 11 / 30 / 2006

Transaction ID: 20061123-52

Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ▶ **395.83**

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

Image# 27940116202

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City: Washington | State: DC | Zip Code: 20004-2601

FEC ID number of contributing federal political committee: C

Name of Employer: America's Health Insurance Plans

Occupation: Senior Vice President of Strategic Com

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1500.00

Date of Receipt: M M 12 / D D 15 / Y Y Y Y 2006

Transaction ID: 20061218-52

Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City: Washington | State: DC | Zip Code: 20004-2601

FEC ID number of contributing federal political committee: C

Name of Employer: America's Health Insurance Plans

Occupation: Senior Vice President of Strategic Com

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1500.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2006

Transaction ID: 20061227-52

Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Rod Turner

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: VP; Product Policy

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1999.92

Date of Receipt: M M 11 / D D 30 / Y Y Y Y 2006

Transaction ID: 20061123-53

Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ 333.33

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

Image# 27940116203

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Rod Turner

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: VP; Product Policy

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1999.92

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-53

Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Rod Turner

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: VP; Product Policy

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1999.92

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-53

Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
Mark Van Koevering

Mailing Address 107 Chocolay Downs Golf Dr

City: Marquette | State: MI | Zip Code: 49855-9542

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: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1080.00

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-54

Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **211.66**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116204

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Mark Van Koevering

Mailing Address 107 Chocolay Downs Golf Dr

City: Marquette | State: MI | Zip Code: 49855-9542

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: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1080.00

Date of Receipt: 12 / 15 / 2006

Transaction ID: 20061218-54

Amount of Each Receipt this Period: 45.00

B. Full Name (Last, First, Middle Initial)
Mark Van Koevering

Mailing Address 107 Chocolay Downs Golf Dr

City: Marquette | State: MI | Zip Code: 49855-9542

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: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1080.00

Date of Receipt: 12 / 31 / 2006

Transaction ID: 20061227-54

Amount of Each Receipt this Period: 45.00

C. Full Name (Last, First, Middle Initial)
Daniel Vigil

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: Deputy Director; State Publications

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 375.00

Date of Receipt: 11 / 30 / 2006

Transaction ID: 20061123-55

Amount of Each Receipt this Period: 31.25

SUBTOTAL of Receipts This Page (optional) ..... ▶ **121.25**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116205

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Daniel Vigil

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: Deputy Director; State Publications

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 375.00

Date of Receipt: 12 / 15 / 2006

Transaction ID: 20061218-55

Amount of Each Receipt this Period: 31.25

B. Full Name (Last, First, Middle Initial)
Daniel Vigil

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: Deputy Director; State Publications

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 375.00

Date of Receipt: 12 / 31 / 2006

Transaction ID: 20061227-55

Amount of Each Receipt this Period: 31.25

C. Full Name (Last, First, Middle Initial)
Kelly Vogel

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: VP; Federal Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 499.92

Date of Receipt: 11 / 30 / 2006

Transaction ID: 20061123-56

Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ..... ▶ **83.33**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116206

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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

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: VP; Federal Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 499.92

Date of Receipt: 12 / 15 / 2006
Transaction ID: 20061218-56

Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Kelly Vogel

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: VP; Federal Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 499.92

Date of Receipt: 12 / 31 / 2006
Transaction ID: 20061227-56

Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Thomas Wilder

Mailing Address 601 Pennsylvania Ave NW
South Bldg Suite 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: V.P. Private Market Regulation

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1000.08

Date of Receipt: 11 / 30 / 2006
Transaction ID: 20061123-57

Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ **83.33**

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

Image# 27940116207

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 Wilder

Mailing Address 601 Pennsylvania Ave NW
South Bldg Suite 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: V.P. Private Market Regulation

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1000.08

Date of Receipt: M M 12 / D D 15 / Y Y Y Y 2006

Transaction ID: 20061218-57

Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Thomas Wilder

Mailing Address 601 Pennsylvania Ave NW
South Bldg Suite 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: V.P. Private Market Regulation

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1000.08

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2006

Transaction ID: 20061227-57

Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Joseph Winn

Mailing Address 601 Pennsylvania Ave NW
South Bld 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: 1000.08

Date of Receipt: M M 11 / D D 30 / Y Y Y Y 2006

Transaction ID: 20061123-58

Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 125.01

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

Image# 27940116208

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Joseph Winn

Mailing Address 601 Pennsylvania Ave NW
South Bld 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: 1000.08

Date of Receipt: 12 / 15 / 2006

Transaction ID: 20061218-58

Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Joseph Winn

Mailing Address 601 Pennsylvania Ave NW
South Bld 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: 1000.08

Date of Receipt: 12 / 31 / 2006

Transaction ID: 20061227-58

Amount of Each Receipt this Period: 41.67

C. 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: America's Health Insurance Plans

Occupation: Executive Director; Legislative Affair

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1250.04

Date of Receipt: 11 / 30 / 2006

Transaction ID: 20061123-59

Amount of Each Receipt this Period: 62.50

SUBTOTAL of Receipts This Page (optional) ▶ **145.84**

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

Image# 27940116209

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 64
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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: America's Health Insurance Plans

Occupation: Executive Director; Legislative Affair

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1250.04

Date of Receipt: 12 / 15 / 2006

Transaction ID: 20061218-59

Amount of Each Receipt this Period: 62.50

B. 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: America's Health Insurance Plans

Occupation: Executive Director; Legislative Affair

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 1250.04

Date of Receipt: 12 / 31 / 2006

Transaction ID: 20061227-59

Amount of Each Receipt this Period: 62.50

SUBTOTAL of Receipts This Page (optional) ▶	**125.00**
TOTAL This Period (last page this line number only) ▶	**21300.15**

Image# 27940116210

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 64
(check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

A. Full Name (Last, First, Middle Initial)
Aegon Usa Inc Political Action Committee
Mailing Address 1111 North Charles Street
City: Baltimore State: MD Zip Code: 21201
FEC ID number of contributing federal political committee. C C00236414
Name of Employer
Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2500.00

Date of Receipt: 12 / 12 / 2006
Transaction ID: 9086680612125727174
Amount of Each Receipt this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
Group Health Incorporated Federal Political Action Committee
Mailing Address 441 Ninth Avenue
City: New York State: NY Zip Code: 10001
FEC ID number of contributing federal political committee. C C00250613
Name of Employer
Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1600.00

Date of Receipt: 12 / 05 / 2006
Transaction ID: 9863360612045839211
Amount of Each Receipt this Period: 1600.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **4100.00**

TOTAL This Period (last page this line number only) ..... ▶ **4100.00**

Image# 27940116211

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 64
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Carper for Senate

Mailing Address 19 East Commons Blvd. Second Floor

City: New Castle | State: DE | Zip Code: 19720

FEC ID number of contributing federal political committee. C C00349217

Name of Employer | Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 12 / 2006

Transaction ID: 7893720612125765341

Amount of Each Receipt this Period
1000.00

Refunded 12/14/06 Contribution

SUBTOTAL of Receipts This Page (optional) ▶	**1000.00**
TOTAL This Period (last page this line number only) ▶	**1000.00**

Image# 27940116212

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	[ ] 27
[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b		

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

A.
Full Name (Last, First, Middle Initial)
Bank of America
Mailing Address 730 15th Street; NW
Second Floor
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Wire Transfer Fees
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 7485860701054876058
Date of Disbursement: 11 / 30 / 2006
Amount of Each Disbursement this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Bank of America
Mailing Address 730 15th Street; NW
Second Floor
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Wire Transfer Fee
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 3794270701055056793
Date of Disbursement: 12 / 15 / 2006
Amount of Each Disbursement this Period: 10.00

C.
Full Name (Last, First, Middle Initial)
Bank of America
Mailing Address 730 15th Street; NW
Second Floor
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Wire Transfer Fee
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0705920701055058440
Date of Disbursement: 12 / 27 / 2006
Amount of Each Disbursement this Period: 10.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **40.00**

TOTAL This Period (last page this line number only) ..... ▶

Image# 27940116213

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

X 21b	22	23	24	25	26	27
28a	28b	28c	29	30b		

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

A.
Full Name (Last, First, Middle Initial)
Citibank
Mailing Address 1101 Pennsylvania Ave; NW
11th Floor
City: Washington State: DC Zip Code: 20004
Purpose of Disbursement: Merchant Fee Reversal
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)

Transaction ID: 6429220701055553120
Date of Disbursement: 11 / 30 / 2006
Amount of Each Disbursement this Period: -0.65

B.
Full Name (Last, First, Middle Initial)
Citibank
Mailing Address 1101 Pennsylvania Ave; NW
11th Floor
City: Washington State: DC Zip Code: 20004
Purpose of Disbursement: Merchant Svc Fees
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)

Transaction ID: 2183590701054964480
Date of Disbursement: 11 / 30 / 2006
Amount of Each Disbursement this Period: 70.41

C.
Full Name (Last, First, Middle Initial)
Citibank
Mailing Address 1101 Pennsylvania Ave; NW
11th Floor
City: Washington State: DC Zip Code: 20004
Purpose of Disbursement: Merchant Svc Fees
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)

Transaction ID: 4733740701055022150
Date of Disbursement: 12 / 11 / 2006
Amount of Each Disbursement this Period: 31.66

SUBTOTAL of Disbursements This Page (optional)	**101.42**
TOTAL This Period (last page this line number only)	**141.42**

Image# 27940116214

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Carper for Senate
Mailing Address 19 East Commons Blvd. Second Floor
City: New Castle State: DE Zip Code: 19720
Purpose of Disbursement: 2010 Primary
Candidate Name: Carper Tom
Category/ Type:
Office Sought: House / X Senate / President — State: DE District: 00
Disbursement For: 2010 — X Primary / General / Other (specify)
Transaction ID: 1888040612135456382
Date of Disbursement: 12 / 14 / 2006
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Melissa Bean for Congress
Mailing Address Post Office Box 3068
City: Barrington State: IL Zip Code: 60010
Purpose of Disbursement: Debt Retirement
Candidate Name: Bean Melissa
Category/ Type:
Office Sought: X House / Senate / President — State: IL District: 08
Disbursement For: 2006 — Primary / X General / Other (specify)
Transaction ID: 2284960612123796330
Date of Disbursement: 12 / 12 / 2006
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Searchlight Leadership Fund
Mailing Address 422 C Street Northeast Lower Level Lower Level
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement: 2006 Contribution
Candidate Name:
Category/ Type:
Office Sought: House / Senate / President — State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: 8900370612123759447
Date of Disbursement: 12 / 12 / 2006
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4500.00**

TOTAL This Period (last page this line number only) ▶ **4500.00**