

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street) 601 Pennsylvania Avenue NW
Suite 500 South Building
 Check if different than previously reported. (ACC)
Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** C00106740
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 02 01 2008 through 02 29 2008

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 03 20 2008

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									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		167489.76
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	171492.16									
(c) Total Receipts (from Line 19)	34442.86	44628.82								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	205935.02	212118.58								
7. Total Disbursements (from Line 31)	33873.16	40056.72								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	172061.86	172061.86								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

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	12557.64	14707.48
(i) Itemized (use Schedule A)	1701.66	4686.12
(ii) Unitemized	14259.30	19393.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	20000.00	25000.00
(c) Other Political Committees (such as PACs)	34259.30	44393.60
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
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)	183.56	235.22
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
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))	34442.86	44628.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34442.86	44628.82

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.....	123.16	306.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	123.16	306.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33500.00	39500.00
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.....	250.00	250.00
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))..	33873.16	40056.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33873.16	40056.72

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	34259.30	44393.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34259.30	44393.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	123.16	306.72
37. Offsets to Operating Expenditures (from Line 15, page 3)	183.56	235.22
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-60.40	71.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial) James Balda		Date of Receipt MM / DD / YYYY 02 / 29 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: A290229-1
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt MM / DD / YYYY 02 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 290229-2
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.32	

C.

Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt MM / DD / YYYY 02 / 29 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: A290229-2
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.32	

SUBTOTAL of Receipts This Page (optional)	479.16
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt	
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 290229-7
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		125.00	
	Name of Employer America's Health Insurance Plans		Occupation AHIPStaff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt	
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		M M / D D / Y Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: A290229-7
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		125.00	
	Name of Employer America's Health Insurance Plans		Occupation AHIPStaff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) William Cameron		Date of Receipt	
	Mailing Address 2000 N Classen Boulevard		M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: b690a04f44b0ce614a6
	Oklahoma City	OK	73106-6023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		2000.00	
	Name of Employer American Fidelity Assurance Company		Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		Transaction ID: 290229-10
	C		Amount of Each Receipt this Period
		83.33	
Name of Employer America's Health Insurance Plans		Occupation AHIPStaff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		333.32	

B.	Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		Transaction ID: A290229-10
	C		Amount of Each Receipt this Period
		83.33	
Name of Employer America's Health Insurance Plans		Occupation AHIPStaff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		333.32	

C.	Full Name (Last, First, Middle Initial) Gregory Dean		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		Transaction ID: A290229-11
	C		Amount of Each Receipt this Period
		62.50	
Name of Employer America's Health Insurance Plans		Occupation AHIPStaff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		250.00	

SUBTOTAL of Receipts This Page (optional)	▶	229.16
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Jill Dowell		Date of Receipt MM / DD / YYYY 02 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 290229-13
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	

B.

Full Name (Last, First, Middle Initial) Jill Dowell		Date of Receipt MM / DD / YYYY 02 / 29 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: A290229-13
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	

C.

Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt MM / DD / YYYY 02 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 290229-14
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	291.66
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: A290229-14
	City Washington	State DC	Zip Code 20004
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
	Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	Aggregate Year-to-Date 500.00

B.	Full Name (Last, First, Middle Initial) Billy Hill		Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 5508 Parkcrest Drive		Transaction ID: 14215c70165e54b4ac0
	City Austin	State TX	Zip Code 78731-4914
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
	Name of Employer United Teacher Associates Insurance Co	Occupation CEO	Aggregate Year-to-Date 2000.00

C.	Full Name (Last, First, Middle Initial) Donna Horoschak		Date of Receipt MM / DD / YYYY 02 / 15 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 290229-18
	City Washington	State DC	Zip Code 20004
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	Aggregate Year-to-Date 333.32

SUBTOTAL of Receipts This Page (optional)	▶	2208.33
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Donna Horoschak	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: A290229-18
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer America's Health Insurance Plans Occupation AHIPStaff Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 333.32	

B.	Full Name (Last, First, Middle Initial) Jeff Lemieux	Date of Receipt MM / DD / YYYY 02 / 15 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 290229-24
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer America's Health Insurance Plans Occupation AHIPStaff Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) Jeff Lemieux	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: A290229-24
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer America's Health Insurance Plans Occupation AHIPStaff Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	333.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
America's Health Insurance AHIPStaff
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 833.32

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 0 8

Transaction ID: 290229-25

Amount of Each Receipt this Period

208.33

B.

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
America's Health Insurance AHIPStaff
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 833.32

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: A290229-25

Amount of Each Receipt this Period

208.33

C.

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
America's Health Insurance AHIPStaff
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: A290229-35

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

479.16

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 25
(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)
Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation AHIPStaff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 464.64

Date of Receipt 02 / 15 / 2008
Transaction ID: 290229-36
 Amount of Each Receipt this Period 116.16

B. Full Name (Last, First, Middle Initial)
Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation AHIPStaff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 464.64

Date of Receipt 02 / 29 / 2008
Transaction ID: A290229-36
 Amount of Each Receipt this Period 116.16

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation AHIPStaff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.32

Date of Receipt 02 / 15 / 2008
Transaction ID: 290229-37
 Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional) ► 315.65

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

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

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

FOR LINE NUMBER: PAGE 14 / 25
(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)
Richard Ramsay

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation AHIPStaff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.32

Date of Receipt 02 / 29 / 2008
Transaction ID: A290229-37
 Amount of Each Receipt this Period 83.33

B. Full Name (Last, First, Middle Initial)
Jeannine Rivet

Mailing Address 9900 Bren Rd. E

City Minnetonka State MN Zip Code 55343-9664

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

Name of Employer UnitedHealth Group Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 27 / 2008
Transaction ID: 3d6e014575939094b54
 Amount of Each Receipt this Period 5000.00

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation AHIPStaff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 817.40

Date of Receipt 02 / 15 / 2008
Transaction ID: 290229-42
 Amount of Each Receipt this Period 204.35

SUBTOTAL of Receipts This Page (optional) ► 5287.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: A290229-42
Name of Employer America's Health Insurance Plans		Occupation AHIPStaff	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="817.40"/>	<input type="text" value="204.35"/>

B.	Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 290229-46
Name of Employer America's Health Insurance Plans		Occupation AHIPStaff	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="833.32"/>	<input type="text" value="208.33"/>

C.	Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: A290229-46
Name of Employer America's Health Insurance Plans		Occupation AHIPStaff	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="833.32"/>	<input type="text" value="208.33"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="621.01"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 25	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Duane Wright		Date of Receipt	
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
City Washington	State DC	Zip Code 20004	Transaction ID: A290229-51
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50	
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	62.50
TOTAL This Period (last page this line number only)	▶	12557.64

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 25
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
American Fidelity Corporation Pac

Mailing Address 2000 Classen Blvd

City State Zip Code
Oklahoma City OK 73106

FEC ID number of contributing federal political committee. **C** C00210526

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2008

Transaction ID: 64901-40926760435104

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Health Alliance Plan Pac

Mailing Address 2850 West Grand Boulevard

City State Zip Code
Detroit MI 48202

FEC ID number of contributing federal political committee. **C** C00410670

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2008

Transaction ID: 59695-90021914243699

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
New York Life Insurance Company Political Action Committee

Mailing Address 51 Madison Ave.
Room 1109

City State Zip Code
New York NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2008

Transaction ID: 59310-89623659849167

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **15000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 25
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Wellpoint Inc. Wellpac		Date of Receipt
	Mailing Address 120 Monument Circle		<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46204
	FEC ID number of contributing federal political committee.		<input type="text" value="C00197228"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	
			Transaction ID: 59695-50072878599167
			Amount of Each Receipt this Period <input type="text" value="5000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="20000.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 25
	(check only one)
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Citibank	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor	Transaction ID: 59013-46261233091354
	City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 163.56
	FEC ID number of contributing federal political committee. C	Bank Fee Reimbursement
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.22

B.	Full Name (Last, First, Middle Initial) Citibank	Date of Receipt MM / DD / YYYY 02 / 05 / 2008
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor	Transaction ID: 98580-79366701841355
	City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Wire Transfer Fee Reimbursement
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.22

SUBTOTAL of Receipts This Page (optional)	183.56
TOTAL This Period (last page this line number only)	183.56

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address 730 15th Street, NW Second Floor <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Wire Transfer Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 96744-39609926939011 Date of Disbursement MM / DD / YYYY 02 / 15 / 2008
	Amount of Each Disbursement this Period 12.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address 730 15th Street, NW Second Floor <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Wire Transfer Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 96744-03110903501510 Date of Disbursement MM / DD / YYYY 02 / 28 / 2008
	Amount of Each Disbursement this Period 12.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Citibank <hr/> Mailing Address 1101 Pennsylvania Ave, NW 11th Floor <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Merchant Service Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 96744-73661440610886 Date of Disbursement MM / DD / YYYY 02 / 05 / 2008
	Amount of Each Disbursement this Period 67.50
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

91.50

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 25

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

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 Service Fee

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 96744-86893862485886

Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

31.66

SUBTOTAL of Disbursements This Page (optional)

31.66

TOTAL This Period (last page this line number only)

123.16

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) Alexander for Senate 2008 Inc <hr/> Mailing Address 228 S Washington Street Suite 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2008 Primary Contribution Candidate Name Lamar Alexander <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 98425-4358636736869 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COMMITTEE <hr/> Mailing Address 6849 Old Dominion Drive Suite 222 <hr/> City McLean State VA Zip Code 22101 <hr/> Purpose of Disbursement 2008 Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 98425-6953241229057 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Committee To Re-Elect Artur Davis To Congress, the <hr/> Mailing Address PO Box 1845 <hr/> City Birmingham State AL Zip Code 35201 <hr/> Purpose of Disbursement 2008 Primary Contribution Candidate Name Artur Davis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 98425-2799798846244 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Continuing a Majority Party Action Committee (CAMPAC)	Full Name (Last, First, Middle Initial) Mailing Address	5915 Eastman Avenue Suite 100	Transaction ID: 98425-0851556658744 Date of Disbursement 02 / 05 / 2008
	City Midland	State MI	Zip Code 48640
	Purpose of Disbursement 2008 Contribution Candidate Name	011 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	
B. Freedom Fund	Full Name (Last, First, Middle Initial) Mailing Address	1155 21st Street NW Suite 300	Transaction ID: 98425-1070672869682 Date of Disbursement 02 / 05 / 2008
	City Washington	State DC	Zip Code 20036
	Purpose of Disbursement 2008 Contribution Candidate Name	011 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	
C. National Republican Senatorial Committee	Full Name (Last, First, Middle Initial) Mailing Address	425 Second Street NE	Transaction ID: 98425-0576898455619 Date of Disbursement 02 / 05 / 2008
	City Washington	State DC	Zip Code 20002
	Purpose of Disbursement 2008 Contribution Candidate Name	011 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	

SUBTOTAL of Disbursements This Page (optional) ▶	25000.00
TOTAL This Period (last page this line number only) ▶	33500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
CITIZENS FOR HOTTINGER

Transaction ID: 36566-5902215838432
Date of Disbursement

Mailing Address 386 SABRECUTT

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	0	8

City State Zip Code
NEWARK OH 43055

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Nonfederal Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

250.00

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

250.00

Image# 28990620178

Form/Schedule: **F3X**

Transaction ID:
