

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 11 04 2008 in the State of DC
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2008 through 10 15 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 12 03 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 **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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

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	74913.55									
(c) Total Receipts (from Line 19)	9796.20	230243.28								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	84709.75	397733.04								
7. Total Disbursements (from Line 31)	21136.15	334159.44								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	63573.60	63573.60								
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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

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	4432.10	123985.27
(i) Itemized (use Schedule A)		
(ii) Unitemized	228.40	9933.06
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4660.50	133918.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	92000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9660.50	225918.33
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)	135.70	1324.95
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	3000.00
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))	9796.20	230243.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9796.20	230243.28

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.....	136.15	1409.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	136.15	1409.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	309000.00
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.....	0.00	23750.00
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))..	21136.15	334159.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21136.15	334159.44

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	9660.50	225918.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9660.50	225918.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	136.15	1409.44
37. Offsets to Operating Expenditures (from Line 15, page 3)	135.70	1324.95
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.45	84.49

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

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

FOR LINE NUMBER: PAGE 6 / 29
(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)
James Balda

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: VP Member Services and Professional De

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1187.50

Date of Receipt: 10 / 15 / 2008
Transaction ID: 201020-1
 Amount of Each Receipt this Period: 62.50

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

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: Executive Vice President, Clinical Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3958.27

Date of Receipt: 10 / 15 / 2008
Transaction ID: 201020-2
 Amount of Each Receipt this Period: 208.33

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

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: Senior Vice President Finance & Operat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.02

Date of Receipt: 10 / 15 / 2008
Transaction ID: 201020-3
 Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ► **312.50**

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 7 / 29
(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)
Dianne Bricker

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: Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 791.73

Date of Receipt: 10 / 15 / 2008
Transaction ID: 201020-4
 Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Francie Burkhart

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: Director Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt: 10 / 15 / 2008
Transaction ID: 201020-17
 Amount of Each Receipt this Period: 62.50

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

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: Executive Director Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1062.50

Date of Receipt: 10 / 15 / 2008
Transaction ID: 201020-7
 Amount of Each Receipt this Period: 62.50

SUBTOTAL of Receipts This Page (optional) ► 166.67

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 8 / 29
(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) Yvonne Chanatry		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 201020-8
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 Vice President, Marketing and Graphics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1583.27	

B.

Full Name (Last, First, Middle Initial) Gregory Dean		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 201020-11
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 Ex Dir of AHIPs Learning & Resource Ce	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1187.50	

C.

Full Name (Last, First, Middle Initial) Stephanie Dougherty		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 201020-13
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50
Name of Employer America's Health Insurance Plans	Occupation Director, Professional Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.33	

SUBTOTAL of Receipts This Page (optional)	158.33
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 29
(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)
Jill Dowell

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 VP, Federal Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1707.29

Date of Receipt 10 / 15 / 2008
Transaction ID: 201020-14
Amount of Each Receipt this Period 104.00

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

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 Senior Vice President, State Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2375.00

Date of Receipt 10 / 15 / 2008
Transaction ID: 201020-15
Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
H. E. Hanway

Mailing Address Two Liberty Place
1601 Chestnut Street

City Philadelphia State PA Zip Code 19192-0001

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

Name of Employer CIGNA Corp. Occupation Chairman and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 03 / 2008
Transaction ID: 846c8affe9ead5010af
Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional) ► 2229.00

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 10 / 29
	<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) Joni Hong		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 201020-20
	City Washington	State DC	Zip Code 20004
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
	Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Associate Counsel, Special Proj Aggregate Year-to-Date ▼ 395.77	

B.	Full Name (Last, First, Middle Initial) Alethia Jackson		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 201020-22
	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director Aggregate Year-to-Date ▼ 499.98	

C.	Full Name (Last, First, Middle Initial) Scott Keefer		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 201020-24
	City Washington	State DC	Zip Code 20004
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director of Policy Development Aggregate Year-to-Date ▼ 791.73	

SUBTOTAL of Receipts This Page (optional)	▶	145.83
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 11 / 29
(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) Barbara Lardy		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 201020-26
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Clinical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 791.73	

B.

Full Name (Last, First, Middle Initial) Larry Larson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 201020-27
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Director, Operations and Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.77	

C.

Full Name (Last, First, Middle Initial) Jeff Lemieux		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 201020-28
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 SVP, Center for Health Policy & Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2375.00	

SUBTOTAL of Receipts This Page (optional)	187.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 29
	<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) Beth Leonard	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 201020-29
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Senior Director, Public Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 458.34	

B.	Full Name (Last, First, Middle Initial) Debi Manning	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 201020-32
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Director of Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00	

C.	Full Name (Last, First, Middle Initial) Thomas Meyers	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 201020-36
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Executive Director Product Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	76.67
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 / 29
(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) Julie Miller		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 201020-38
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

B.

Full Name (Last, First, Middle Initial) Martin Mitchell		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 201020-40
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.77	

C.

Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 201020-41
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 Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1312.48	

SUBTOTAL of Receipts This Page (optional)	▶	129.16
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 14 / 29
	<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) Susan Pisano		Date of Receipt	
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 201020-42
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		116.16	
	Name of Employer America's Health Insurance Plans		Occupation Vice President Strategic Communication	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2207.04		

B.	Full Name (Last, First, Middle Initial) Richard Ramsay		Date of Receipt	
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 201020-43
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.33	
	Name of Employer America's Health Insurance Plans		Occupation Vice President, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1583.27		

C.	Full Name (Last, First, Middle Initial) Ingrid Reeves		Date of Receipt	
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 201020-45
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.83	
	Name of Employer America's Health Insurance Plans		Occupation Executive Director of Membership	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 395.77		

SUBTOTAL of Receipts This Page (optional)	▶	220.32
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 15 / 29
(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)
Bob Rehm

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: Vice President, Public Health & Clinic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 593.75

Date of Receipt: 10 / 15 / 2008
Transaction ID: 201020-46
 Amount of Each Receipt this Period: 31.25

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

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: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 10 / 15 / 2008
Transaction ID: 201020-47
 Amount of Each Receipt this Period: 83.33

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

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: Senior Vice President, Professional Pr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 791.73

Date of Receipt: 10 / 15 / 2008
Transaction ID: 201020-48
 Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ► 156.25

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 16 / 29
	<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 M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 201020-49
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 219.45
	FEC ID number of contributing federal political committee. C	
	Name of Employer America's Health Insurance Plans Occupation SVP, Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3901.73	

B.	Full Name (Last, First, Middle Initial) Michael Tuffin	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 201020-51
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 208.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer America's Health Insurance Plans Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3958.27	

C.	Full Name (Last, First, Middle Initial) Rod Turner	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 201020-52
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer America's Health Insurance Plans Occupation Chief Actuary/Vice President, Product Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 791.73	

SUBTOTAL of Receipts This Page (optional)	469.45
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 17 / 29
(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)
Mark Van Koevering

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: Director, Federal Legislative Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 855.00

Date of Receipt: 10 / 15 / 2008
Transaction ID: 201020-53
 Amount of Each Receipt this Period: 45.00

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

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: Deputy Director, State Publications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 593.75

Date of Receipt: 10 / 15 / 2008
Transaction ID: 201020-55
 Amount of Each Receipt this Period: 31.25

C. Full Name (Last, First, Middle Initial)
Duane Wright

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: Executive Director, Legislative Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1187.50

Date of Receipt: 10 / 15 / 2008
Transaction ID: 201020-57
 Amount of Each Receipt this Period: 62.50

SUBTOTAL of Receipts This Page (optional) ► 138.75

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 / 29	
	(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) Robert Zirkelbach		Date of Receipt																					
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	5		2	0	0	8														
	City Washington State DC Zip Code 20004		Transaction ID: 201020-59																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67																					
Name of Employer America's Health Insurance Plans		Occupation Senior Manager, Media Relations																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.61																						

SUBTOTAL of Receipts This Page (optional)	▶	41.67
TOTAL This Period (last page this line number only)	▶	4432.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 19 / 29	
	(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"/> 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) Unum Group Political Action Committee (UNUMPAC)		Date of Receipt
	Mailing Address 2211 Congress Street		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Portland	ME	04122
	FEC ID number of contributing federal political committee.		<input type="text" value="C00177436"/>
Name of Employer		Occupation	Transaction ID: 699d8dcc3a84b2690be Amount of Each Receipt this Period <input type="text" value="5000.00"/>
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"/>	

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="5000.00"/>

**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 20 / 29
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input checked="" 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 10 / 02 / 2008
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor		Transaction ID: 639eb4c4119b212dabe
	City Washington	State DC	Zip Code 20004
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 111.70
	Name of Employer	Occupation	Reimbursement of Merchant Service Fees
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1324.95	

B.	Full Name (Last, First, Middle Initial) Citibank		Date of Receipt MM / DD / YYYY 10 / 02 / 2008
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor		Transaction ID: 82700928d00bfe90304
	City Washington	State DC	Zip Code 20004
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.00
	Name of Employer	Occupation	Reimburse Wire Transfer Fees
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1324.95	

SUBTOTAL of Receipts This Page (optional)	▶	135.70
TOTAL This Period (last page this line number only)	▶	135.70

**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 / 29

<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: 19202db2b8e63eb66af Date of Disbursement 10 / 15 / 2008
	Amount of Each Disbursement this Period 12.00
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. 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: c467e334410ebdefc66 Date of Disbursement 10 / 06 / 2008
	Amount of Each Disbursement this Period 0.29
	<input type="text" value="001"/> Category/ Type
	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 AMEX 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: c72030e51046a820385 Date of Disbursement 10 / 10 / 2008
	Amount of Each Disbursement this Period 62.00
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

74.29

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 22 / 29

<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

Transaction ID: Od704ea541ed0885851

Date of Disbursement

Mailing Address 1101 Pennsylvania Ave, NW
11th Floor

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

City Washington State DC Zip Code 20004

Amount of Each Disbursement this Period

Purpose of Disbursement
Merchant Service Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Allyson Schwartz for Congress</p> <p>Mailing Address PO Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement 2008 General Contribution</p> <p>Candidate Name Allyson Y. Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 13</p>	<p>Transaction ID: 74726-9247247576713</p> <p>Date of Disbursement 10 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) Anna Eshoo for Congress</p> <p>Mailing Address 555 Capitol Mall, Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement 2008 General Contribution</p> <p>Candidate Name Anna G. Eshoo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 14</p>	<p>Transaction ID: 74726-4716455340385</p> <p>Date of Disbursement 10 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C. Full Name (Last, First, Middle Initial) Chris Lee for Congress</p> <p>Mailing Address PO Box 15395</p> <p>City Rochester State NY Zip Code 14615</p> <p>Purpose of Disbursement 2008 General Contribution</p> <p>Candidate Name Christopher J. Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 26</p>	<p>Transaction ID: 75433-5809289813041</p> <p>Date of Disbursement 10 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Clarke for Congress <hr/> Mailing Address 111-36 200th Street <hr/> City Hollis State NY Zip Code 11412 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name Yvette Diana Clarke <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 74726-9151422381401 Date of Disbursement 10 / 14 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends for Gregory Meeks <hr/> Mailing Address 153-01 Jamaica Ave. Suite 535 <hr/> City Jamaica State NY Zip Code 11432 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name Gregory W. Meeks <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 74726-7655450701713 Date of Disbursement 10 / 14 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Gordon Smith <hr/> Mailing Address 228 S Washington Ste 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name Gordon Harold Smith <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 74726-2377740740776 Date of Disbursement 10 / 14 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

<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. Full Name (Last, First, Middle Initial) Gerry Connolly for Congress <hr/> Mailing Address PO Box 563 <hr/> City Merrifield State VA Zip Code 22116 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name Gerry Connolly <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 75433-4464837908744 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hoosiers for Hill <hr/> Mailing Address PO Box 1071 <hr/> City Seymour State IN Zip Code 47274 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name Baron Hill <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 74726-5312463641166 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Hoyer for Congress <hr/> Mailing Address 4201 Northview Dr, Ste 307 <hr/> City Bowie State MD Zip Code 20716 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name Steny H. Hoyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 74726-6884729266166 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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. Full Name (Last, First, Middle Initial) John Shadeggs Friends <hr/> Mailing Address PO Box 45444 <hr/> City Phoenix State AZ Zip Code 85064 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name John Shadegg <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 74726-9828149676323 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) John Spratt for Congress Committee <hr/> Mailing Address Post Office Box 10986 <hr/> City Rock Hill State SC Zip Code 29731 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name John M. Spratt, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 74726-1361047625541 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kilpatrick for United States Congress <hr/> Mailing Address PO Box 32175 <hr/> City Detroit State MI Zip Code 48232 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name Carolyn C. Kilpatrick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 13 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 74726-6666986346244 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 29

<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. Full Name (Last, First, Middle Initial) Melissa Bean for Congress <hr/> Mailing Address PO Box 3068 <hr/> City Barrington State IL Zip Code 60010 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name Melissa Luburich Bean <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 08	Transaction ID: 74726-3636438250541 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Nancy Pelosi for Congress <hr/> Mailing Address 235 Montgomery Street Suite 610 <hr/> City San Francisco State CA Zip Code 94104 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name Nancy Pelosi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 08	Transaction ID: 74726-2877618670463 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Patrick Murphy for Congress <hr/> Mailing Address PO Box 868 <hr/> City Levittown State PA Zip Code 19058 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name Patrick J. Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 08	Transaction ID: 74726-0186120867729 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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.	Full Name (Last, First, Middle Initial) Snow Pac	Transaction ID: 74726-9936487078666
	Mailing Address 175 South West Temple Suite 650	Date of Disbursement 10 / 14 / 2008
	City Salt Lake City State UT Zip Code 84101	Amount of Each Disbursement this Period 3000.00
	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.	Full Name (Last, First, Middle Initial) Solis for Congress	Transaction ID: 74726-3376886248588
	Mailing Address 6380 Wilshire Blvd. #1612	Date of Disbursement 10 / 14 / 2008
	City Los Angeles State CA Zip Code 90048	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2008 General Contribution Candidate Name Hilda Solis	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Udall for Us All	Transaction ID: 75433-9525110125541
	Mailing Address 3311 Candelaria NE Suite A	Date of Disbursement 10 / 14 / 2008
	City Albuquerque State NM Zip Code 87107	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement 2008 General Contribution Candidate Name Tom Udall	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	21000.00

Form/Schedule: **F3X**

Transaction ID:

The Amended 12 Day Pre-General Report (10/1/08 through 10/15/08) is being filed due to a technical issue regarding duplicate records created, which affected individuals aggregate year-to-date totals. The amended report corrects the aggregate year-to-date total and discloses those individuals who should be itemized on Schedule A supporting Line 11ai. Please note that the PAC is aware that it may disclose payroll receipts by disclosing a single total for the reporting period along with the amount deducted per pay period for each contributor. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately, pursuant to 11 CFR 104.8(b), more accurately discloses how the receipts are collected.