

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 (12S)
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 05 01 2010 through 05 31 2010

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 Mr. Robert Borchardt

Signature of Treasurer Electronically Filed by Mr. Robert Borchardt Date 06 18 2010

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)

A. Form/Schedule : **F3XN**

Transaction ID :

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.

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	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		125395.88
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	121627.19									
(c) Total Receipts (from Line 19)	21796.78	119484.85								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	143423.97	244880.73								
7. Total Disbursements (from Line 31)	49559.27	151016.03								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	93864.70	93864.70								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	21243.32	59461.93
(ii) Unitemized	497.18	7325.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	21740.50	66787.43
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	49500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21740.50	116287.43
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)	56.28	697.42
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2500.00
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))	21796.78	119484.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21796.78	119484.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	59.27	516.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	59.27	516.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47500.00	143000.00
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	5000.00
(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	5000.00
29. Other Disbursements.....	2000.00	2500.00
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))..	49559.27	151016.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49559.27	151016.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	21740.50	116287.43
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21740.50	111287.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	59.27	516.03
37. Offsets to Operating Expenditures (from Line 15, page 3)	56.28	697.42
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2.99	-181.39

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 51
(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)

<p>A. Full Name (Last, First, Middle Initial) Calvin Anderson</p> <p>Mailing Address 4639 Perkins Manor Cv</p> <p>City State Zip Code Memphis TN 38117-2400</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Bluecross Blueshield of Tennessee</p> <p>Occupation VP Federal & Community Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 05 / 24 / 2010</p> <p>Transaction ID: 4E1B0C3811EAE353825</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Catherine Ayers</p> <p>Mailing Address 6222 N.W. 19th Place</p> <p>City State Zip Code Gainesville FL 32605</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AvMed</p> <p>Occupation SVP, Human Resources</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 05 / 11 / 2010</p> <p>Transaction ID: B67A6E79C3472528B35</p> <p>Amount of Each Receipt this Period 300.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Gary Bacher</p> <p>Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building</p> <p>City State Zip Code Washington DC 20004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer America's Health Insurance Plans</p> <p>Occupation Senior Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1250.00</p>	<p>Date of Receipt 05 / 14 / 2010</p> <p>Transaction ID: 20100513141542-1</p> <p>Amount of Each Receipt this Period 125.00</p>
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SUBTOTAL of Receipts This Page (optional)	925.00
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 8 / 51
(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)
Gary Bacher

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 05 / 28 / 2010
Transaction ID: 20100603171544-1
 Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
R. Bradford Bentley

Mailing Address 8717 S.W. 91st Place

City Gainesville State FL Zip Code 32608

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

Name of Employer: AvMed
Occupation: VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 11 / 2010
Transaction ID: CDA54C4CDE7E8A47938
 Amount of Each Receipt this Period: 300.00

C. 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 ▼ 2083.30

Date of Receipt: 05 / 14 / 2010
Transaction ID: 20100513141542-2
 Amount of Each Receipt this Period: 208.33

SUBTOTAL of Receipts This Page (optional) ► **633.33**

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 9 / 51
(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)
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 ▼ 2083.30

Date of Receipt 05 / 28 / 2010
Transaction ID: 20100603171544-2
Amount of Each Receipt this Period 208.33

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

Mailing Address 5400 SW 64th Ave

City Miami State FL Zip Code 33155-6435

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

Name of Employer AvMed Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 11 / 2010
Transaction ID: E7198570A153F06998C
Amount of Each Receipt this Period 300.00

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 ▼ 416.70

Date of Receipt 05 / 14 / 2010
Transaction ID: 20100513141542-3
Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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 10 / 51
(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) Robert Borchardt		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100603171544-3
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 Finance & Operat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

B.

Full Name (Last, First, Middle Initial) Allan Boshell		Date of Receipt MM / DD / YYYY 05 / 11 / 2010
Mailing Address 454 NE 5th Ct		Transaction ID: F34E3DACC4B58C95C1B
City Boca Raton	State FL	Zip Code 33432-2914
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer AvMed	Occupation Regional VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100513141542-4
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 Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

SUBTOTAL of Receipts This Page (optional)	383.34
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 / 51
	<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) Dianne Bricker	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20100603171544-4
	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: Regional Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 416.70	

B.	Full Name (Last, First, Middle Initial) David Butler	Date of Receipt MM / DD / YYYY 05 / 11 / 2010
	Mailing Address 5403 Windbrush Dr	Transaction ID: E3D3332556E4E159505
	City Tampa State FL Zip Code 33625-4051	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: AvMed Occupation: Regional VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 300.00	

C.	Full Name (Last, First, Middle Initial) Winthrop Cashdollar	Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20100513141542-7
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 62.50
	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: 625.00	

SUBTOTAL of Receipts This Page (optional)	404.17
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 / 51
	<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) Winthrop Cashdollar	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20100603171544-7
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 62.50
	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 ▼ 625.00	

B.	Full Name (Last, First, Middle Initial) Yvonne Chanatry	Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20100513141542-8
	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: Vice President, Marketing and Graphics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.30	

C.	Full Name (Last, First, Middle Initial) Yvonne Chanatry	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20100603171544-8
	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: Vice President, Marketing and Graphics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.30	

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 13 / 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Kirk Cianciolo		Date of Receipt
	Mailing Address 6303 Pasadena Point Blvd S		<input type="text" value="05"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Gulfport	FL	33707-3867
	FEC ID number of contributing federal political committee. C		Transaction ID: 1D7C03E6049EE335E76
Name of Employer AvMed		Occupation SVP and Chief Medical Officer	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="300.00"/>
		<input type="text" value="300.00"/>	

B.	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" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100513141542-11
Name of Employer America's Health Insurance Plans		Occupation Executive Director Insurance Education	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="62.50"/>
		<input type="text" value="62.50"/>	

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" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100603171544-11
Name of Employer America's Health Insurance Plans		Occupation Executive Director Insurance Education	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="62.50"/>
		<input type="text" value="62.50"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="425.00"/>
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 14 / 51
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
Stephen Demontmollin

Mailing Address 4300 Northwest 89th Boulevard

City Gainesville State FL Zip Code 32606-5688

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

Name of Employer Avmed Health Plans Occupation Svp & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 11 / 2010
Transaction ID: E79C1767D65B9ADFD49
 Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Mary Beth Donahue

Mailing Address 601 Pennsylvania Avenue Northwest
South Building, Suite 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer America's Health Insurance Plans Occupation Executive VP, Policy & Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 24 / 2010
Transaction ID: 2F19D065B1D01AA39A2
 Amount of Each Receipt this Period 5000.00

C.

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 Vice President, Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 05 / 14 / 2010
Transaction ID: 20100513141542-14
 Amount of Each Receipt this Period 104.00

SUBTOTAL of Receipts This Page (optional) ► 5404.00

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 15 / 51
	<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) Jill Dowell		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer America's Health Insurance Plans		Occupation Vice President, Federal Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1040.00"/>	
			Transaction ID: 20100603171544-14
			Amount of Each Receipt this Period <input type="text" value="104.00"/>

B.	Full Name (Last, First, Middle Initial) Katie Dunning		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer America's Health Insurance Plans		Occupation Regional Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="291.69"/>	
			Transaction ID: 20100513141542-15
			Amount of Each Receipt this Period <input type="text" value="41.67"/>

C.	Full Name (Last, First, Middle Initial) Katie Dunning		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer America's Health Insurance Plans		Occupation Regional Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="291.69"/>	
			Transaction ID: 20100603171544-15
			Amount of Each Receipt this Period <input type="text" value="41.67"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="187.34"/>
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 / 51
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Vincenzo Ferri

Mailing Address 726 S Renaud Rd

City State Zip Code
Grosse Pointe Wood MI 48236-1799

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

Name of Employer Avmed Occupation VP and CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 1 0

Transaction ID: FE267BE7ABDC938C841

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Gregory Fischer

Mailing Address 9400 S Dadeland Blvd

City State Zip Code
Gainesville FL 32606-5688

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

Name of Employer AvMed Occupation SVP Sales, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 1 0

Transaction ID: 84AF47A9875C8F3ED31

Amount of Each Receipt this Period
300.00

C.

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

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 America's Health Insurance Plans Occupation Senior Vice President, State Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 4 / 2 0 1 0

Transaction ID: 20100513141542-16

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **725.00**

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 17 / 51
(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 05 / 28 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100603171544-16
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 Senior Vice President, State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

B.

Full Name (Last, First, Middle Initial) Michael Gallagher		Date of Receipt MM / DD / YYYY 05 / 11 / 2010
Mailing Address 4300 Northwest 89th Boulevard PO Box 749		Transaction ID: D6546FDC124F8AB2E80
City Gainesville	State FL	Zip Code 32606-5688
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Avmed Health Plans	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.

Full Name (Last, First, Middle Initial) Leanne Gassaway		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100513141542-17
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.08
Name of Employer America's Health Insurance Plans	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.80	

SUBTOTAL of Receipts This Page (optional)	▶	2152.08
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 / 51
(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)
Leanne Gassaway

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 ▼ 270.80

Date of Receipt 05 / 28 / 2010
Transaction ID: 20100603171544-17
Amount of Each Receipt this Period 27.08

B.

Full Name (Last, First, Middle Initial)
Vicky Gregg

Mailing Address 1 Cameron Hill Circle

City Chattanooga State TN Zip Code 37402-9815

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

Name of Employer Bluecross Blueshield of Tennessee Occupation Pres & Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 24 / 2010
Transaction ID: AE63C416084FA4A98DC
Amount of Each Receipt this Period 2000.00

C.

Full Name (Last, First, Middle Initial)
Edwin W. Hannum

Mailing Address 5202 Pine Rocklands Ave.

City Lithia State FL Zip Code 33547-5012

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

Name of Employer AvMed Occupation SVP, Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 11 / 2010
Transaction ID: 042BC14AB1E1B8B56C7
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 2327.08

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 19 / 51		
	<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

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

A.	Full Name (Last, First, Middle Initial) Ronald Harr		Date of Receipt MM / DD / YYYY 05 / 24 / 2010		
	Mailing Address 1145 Enclave Rd		Transaction ID: 33EC8632786C2B7DCF3		
	City Chattanooga	State TN	Zip Code 37415-5631	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BlueCross Blue Shield of TN	Occupation Senior Vice President	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) Lindy Hinman		Date of Receipt MM / DD / YYYY 05 / 14 / 2010		
	Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100513141542-19		
	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 Special Assistant To President and Ceo	Aggregate Year-to-Date 833.30		

C.	Full Name (Last, First, Middle Initial) Lindy Hinman		Date of Receipt MM / DD / YYYY 05 / 28 / 2010		
	Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100603171544-19		
	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 Special Assistant To President and Ceo	Aggregate Year-to-Date 833.30		

SUBTOTAL of Receipts This Page (optional)	666.66
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 20 / 51
(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) Joni Hong		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100603171544-20
City Washington	State Zip Code DC 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 Senior Associate Counsel, Special Proj	Aggregate Year-to-Date ▼ 208.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Alethia Jackson		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100513141542-21
City Washington	State Zip Code DC 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, Federal Affairs	Aggregate Year-to-Date ▼ 833.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Alethia Jackson		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100603171544-21
City Washington	State Zip Code DC 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, Federal Affairs	Aggregate Year-to-Date ▼ 833.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	187.49
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 21 / 51
(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)
Francis Jantzen

Mailing Address 17982 NW 9th Ct

City State Zip Code
Pembroke Pines FL 33029-3113

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

Name of Employer Occupation
AvMed VP, Client Service and Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2010

Transaction ID: ED8C8A57FC4AE56D0A5

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Scott Keefer

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 Plans VP, Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2010

Transaction ID: 20100513141542-22

Amount of Each Receipt this Period
41.67

C.

Full Name (Last, First, Middle Initial)
Scott Keefer

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 Plans VP, Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2010

Transaction ID: 20100603171544-22

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ► **383.34**

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 22 / 51
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 MM / DD / YYYY 05 / 14 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100513141542-23
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 Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

B.

Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100603171544-23
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 Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

C.

Full Name (Last, First, Middle Initial) Larry Larson		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100513141542-24
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	Occupation Director, Operations and Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

SUBTOTAL of Receipts This Page (optional)	125.01
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 23 / 51
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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) Larry Larson		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100603171544-24
City Washington	State Zip Code DC 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 Director, Operations and Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

B.

Full Name (Last, First, Middle Initial) Jeff Lemieux		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100513141542-25
City Washington	State Zip Code DC 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 & Resear	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

C.

Full Name (Last, First, Middle Initial) Jeff Lemieux		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100603171544-25
City Washington	State Zip Code DC 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 & Resear	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	▶	291.67
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: (check only one)	PAGE 24 / 51
	<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) Beth Leonard		Date of Receipt		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 1 0		
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100513141542-26	
	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 Director Public Affairs		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.70		

B.	Full Name (Last, First, Middle Initial) Beth Leonard		Date of Receipt		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 0		
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100603171544-26	
	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 Director Public Affairs		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.70		

C.	Full Name (Last, First, Middle Initial) Winston H. Lonsdale		Date of Receipt		
	Mailing Address 11361 S.W. 123rd Street		M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 1 0		
	City Miami	State FL	Zip Code 33176	Transaction ID: 59E4DFB212E5C1317A0	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00		
	Name of Employer Avmed		Occupation VP, Claims		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	383.34
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 25 / 51
	<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	

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) Holly Macmoran	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20100603171544-28
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 20.83
	FEC ID number of contributing federal political committee. C	
	Name of Employer America's Health Insurance Plans Occupation Program Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 208.30	

B.	Full Name (Last, First, Middle Initial) Robert Mandel	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 1 Cameron Hill Circle	Transaction ID: 63A7E051D65437E820E
	City Chattanooga State TN Zip Code 37402-9815	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Bluecross Blueshield of Tennessee Occupation Svp Health Care Services 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) Javier Mendoza	Date of Receipt MM / DD / YYYY 05 / 11 / 2010
	Mailing Address 13224 SW 40th Street	Transaction ID: 267E5FA5C13609D5DC7
	City Davie State FL Zip Code 33330	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AvMed Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional)	820.83
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 26 / 51
(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)
Julie Miller

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 Associate Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 14 / 2010
Transaction ID: 20100513141542-35
Amount of Each Receipt this Period 41.67

B. Full Name (Last, First, Middle Initial)
Julie Miller

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 Associate Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 28 / 2010
Transaction ID: 20100603171544-35
Amount of Each Receipt this Period 41.67

C. Full Name (Last, First, Middle Initial)
Martin Mitchell, Jr.

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 Product Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 28 / 2010
Transaction ID: 20100603171544-37
Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional) ► 104.17

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 51
(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) Betsy Pelovitz		Date of Receipt MM / DD / YYYY 05 / 14 / 2010	
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100513141542-38	
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 Vice President Product Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.30		

B.

Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt MM / DD / YYYY 05 / 28 / 2010	
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100603171544-38	
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 Vice President Product Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.30		

C.

Full Name (Last, First, Middle Initial) Susan Pinnas		Date of Receipt MM / DD / YYYY 05 / 11 / 2010	
Mailing Address 1140 Alfonso Ave		Transaction ID: 9DF60664EC9F784A3D3	
City Coral Gables	State FL	Zip Code 33146-3210	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer AvMed	Occupation SVP of Network Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	466.66
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 28 / 51
(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) Susan Pisano		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100513141542-39
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.47
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communication	Aggregate Year-to-Date ▼ 1289.64
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100603171544-39
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.47
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communication	Aggregate Year-to-Date ▼ 1289.64
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Lawrence Platt		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100513141542-40
City Washington	State Zip Code DC 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 Director	Aggregate Year-to-Date ▼ 416.70
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	302.61
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 29 / 51
	<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) Lawrence Platt	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20100603171544-40
	City State Zip Code Washington DC 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 Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.70	

B.	Full Name (Last, First, Middle Initial) Richard Ramsay	Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20100513141542-41
	City State Zip Code Washington DC 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 Vice President, State Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.30	

C.	Full Name (Last, First, Middle Initial) Richard Ramsay	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20100603171544-41
	City State Zip Code Washington DC 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 Vice President, State Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.30	

SUBTOTAL of Receipts This Page (optional)	208.33
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 30 / 51
(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)
Ingrid Reeves

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, Membership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 05 / 28 / 2010
Transaction ID: 20100603171544-43
 Amount of Each Receipt this Period: 20.83

B. 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 ▼ 312.50

Date of Receipt: 05 / 14 / 2010
Transaction ID: 20100513141542-44
 Amount of Each Receipt this Period: 31.25

C. 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 ▼ 312.50

Date of Receipt: 05 / 28 / 2010
Transaction ID: 20100603171544-44
 Amount of Each Receipt this Period: 31.25

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

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 31 / 51
(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)
James Repp

Mailing Address 3842 E Hibiscus St

City State Zip Code
Weston FL 33332-2455

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

Name of Employer Occupation
AvMed VP, Commercial Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2010

Transaction ID: 10E66385B66C050CB3B

Amount of Each Receipt this Period
300.00

B.

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

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 Plans Vice President, Federal Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2010

Transaction ID: 20100513141542-45

Amount of Each Receipt this Period
41.67

C.

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

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 Plans Vice President, Federal Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2010

Transaction ID: 20100603171544-45

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ► **383.34**

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 32 / 51
(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)
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 ▼ 416.70

Date of Receipt 05 / 14 / 2010
Transaction ID: 20100513141542-46
Amount of Each Receipt this Period 41.67

B. 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 ▼ 416.70

Date of Receipt 05 / 28 / 2010
Transaction ID: 20100603171544-46
Amount of Each Receipt this Period 41.67

C. Full Name (Last, First, Middle Initial)
G. Henry Smith

Mailing Address 242 Fleets Island Dr

City Memphis State TN Zip Code 38103-9019

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

Name of Employer Blue Cross Blue Shield of Tennessee Occupation SVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2010
Transaction ID: 8637AFB54F0DF95F321
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **333.34**

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 33 / 51
	<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) Charles Stellar	Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20100513141542-47
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 153.85
	FEC ID number of contributing federal political committee. C	
	Name of Employer America's Health Insurance Plans Occupation Executive V.P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1538.50	

B.	Full Name (Last, First, Middle Initial) Charles Stellar	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20100603171544-47
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 153.85
	FEC ID number of contributing federal political committee. C	
	Name of Employer America's Health Insurance Plans Occupation Executive V.P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1538.50	

C.	Full Name (Last, First, Middle Initial) Randy Stuart	Date of Receipt MM / DD / YYYY 05 / 11 / 2010
	Mailing Address 3544 SW 105th St	Transaction ID: AB524E7EE588E14C686
	City Gainesville State FL Zip Code 32608-9558	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AvMed Occupation SVP & CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional)	607.70
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 34 / 51

(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)
Jessica Talbert

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 Deputy Director, Political Affairs
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 312.50

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: 20100513141542-48

Amount of Each Receipt this Period
31.25

B.

Full Name (Last, First, Middle Initial)
Jessica Talbert

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 Deputy Director, Political Affairs
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 312.50

Date of Receipt

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

Transaction ID: 20100603171544-48

Amount of Each Receipt this Period
31.25

C.

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

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 Executive Vice President
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2083.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: 20100513141542-50

Amount of Each Receipt this Period
208.33

SUBTOTAL of Receipts This Page (optional) ▶

270.83

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 35 / 51
(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) Michael Tuffin		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100603171544-50
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 Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.30	

B.

Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100513141542-51
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 Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

C.

Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100603171544-51
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 Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

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: (check only one)	PAGE 36 / 51
	<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) Daniel Vigil		Date of Receipt MM / DD / YYYY 05 / 14 / 2010		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100513141542-52		
	City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 31.25	
	FEC ID number of contributing federal political committee. C				
	Name of Employer America's Health Insurance Plans		Occupation Deputy Director, State Publications		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.50		

B.	Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt MM / DD / YYYY 05 / 28 / 2010		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100603171544-52		
	City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 31.25	
	FEC ID number of contributing federal political committee. C				
	Name of Employer America's Health Insurance Plans		Occupation Deputy Director, State Publications		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.50		

C.	Full Name (Last, First, Middle Initial) Barry Wagner		Date of Receipt MM / DD / YYYY 05 / 11 / 2010		
	Mailing Address 4300 Northwest 89th Boulevard		Transaction ID: 81CA617AE07E84F1E9A		
	City Gainesville	State FL	Zip Code 32606-5688	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Avmed Health Plans		Occupation VP Claims & Service Mgmt		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	362.50
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 37 / 51
(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) William Young		Date of Receipt MM / DD / YYYY 05 / 24 / 2010
Mailing Address 2502 Fox Run Dr		Transaction ID: 8493B324FE5ABFF58D6
City Signal Mountain	State Zip Code TN 37377-1464	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BlueCross Blue Shield of TN	Occupation Senior Vice President	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Robert Zirkelbach		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100513141542-54
City Washington	State Zip Code DC 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 Press Secretary	Aggregate Year-to-Date ▼ 416.70
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Robert Zirkelbach		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20100603171544-54
City Washington	State Zip Code DC 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 Press Secretary	Aggregate Year-to-Date ▼ 416.70
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	583.34
TOTAL This Period (last page this line number only)	21243.32

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

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

FOR LINE NUMBER: PAGE 38 / 51
(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)
Citibank

Mailing Address 1101 Pennsylvania Ave, NW
11th Floor

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
697.42

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 3 / 2 0 1 0

Transaction ID: 33E339DB1C38E95D6DB

Amount of Each Receipt this Period
24.00

Reimbursement of Wire Transfer Fees

B.

Full Name (Last, First, Middle Initial)
Citibank

Mailing Address 1101 Pennsylvania Ave, NW
11th Floor

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
697.42

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 3 / 2 0 1 0

Transaction ID: 806C060E0D364B69121

Amount of Each Receipt this Period
32.28

Reimbursement of Merchant Service Fees

SUBTOTAL of Receipts This Page (optional)	56.28
TOTAL This Period (last page this line number only)	56.28

**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 39 / 51

<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

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)

<p>A. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 730 15th Street, NW Second Floor</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Wire Transfer Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 37060D94A2E7C912EFD</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 730 15th Street, NW Second Floor</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Wire Transfer Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4750607F95AAE608F52</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D1EBF6AC45DE5988C3C</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="0.58"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="24.58"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 40 / 51

<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 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: CDE88975EDAE08B8D6B Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 31.74 Category/Type: 001
B. Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington State DC Zip Code 20004 Purpose of Disbursement AMEX Service Fee Candidate Name 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: D3FF0E8DB8AD122AE83 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2.95 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ▶

34.69

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

59.27

**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) Arcuri for Congress Mailing Address PO Box 8508 City Utica State NY Zip Code 13505 Purpose of Disbursement 2010 Primary Contribution Candidate Name Michael Angelo Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 51254-1549188494682 Date of Disbursement 05 / 27 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee Mailing Address 6849 Old Dominion Drive Suite 222 City McLean State VA Zip Code 22101 Purpose of Disbursement 2010 Contribution Candidate Name Blue Dog Political Action Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 51254-0491449236869 Date of Disbursement 05 / 27 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) Blumenauer for Congress Mailing Address 830 NE Holladay, #105 City Portland State OR Zip Code 97232 Purpose of Disbursement 2010 General Contribution Candidate Name Earl Blumenauer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 51254-5114862322807 Date of Disbursement 05 / 27 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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)

<p>A. Full Name (Last, First, Middle Initial) Boyd for Congress</p> <p>Mailing Address PO Box 15703 PO Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name F. Allen Boyd, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 51254-5985223650932</p> <p>Date of Disbursement 05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Coburn for Senate 2010</p> <p>Mailing Address Post Office Box 977</p> <p>City Muskogee State OK Zip Code 74402</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Tom A. Coburn</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OK District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 51254-9013635516166</p> <p>Date of Disbursement 05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Committee for the Preservation of Capitalism (CPC), the</p> <p>Mailing Address PO Box 65314</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Committee for the Preservation of Capitalism (CPC), the</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 51254-2037622332572</p> <p>Date of Disbursement 05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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) Devin Nunes Campaign Committee <hr/> Mailing Address PO Box 6545 <hr/> City Visalia State CA Zip Code 93290 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Devin G. Nunes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 51254-5073053240776 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress <hr/> Mailing Address Post Office Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement 2010 General Contribution Candidate Name Earl Pomeroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 51254-5892907977104 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Dave Reichert <hr/> Mailing Address PO Box 53322 <hr/> City Bellevue State WA Zip Code 98015 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name David G. Reichert <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 51254-4115411639213 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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) Friends of John McCain Inc	Transaction ID: 51254-1567499041557 Date of Disbursement
	Mailing Address PO Box 16664	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="27"/> <input type="text" value="27"/> / <input type="text" value="2010"/> <input type="text" value="2010"/>
	City Arlington State VA Zip Code 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary Contribution	<input type="text" value="1000.00"/>
	Candidate Name John McCain	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District:	

B.	Full Name (Last, First, Middle Initial) Friends of John Thune	Transaction ID: 51254-0360834002494 Date of Disbursement
	Mailing Address 200 North Phillips Avenue Ste L101	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="27"/> <input type="text" value="27"/> / <input type="text" value="2010"/> <input type="text" value="2010"/>
	City Sioux Falls State SD Zip Code 57104	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 General Contribution	<input type="text" value="500.00"/>
	Candidate Name John R. Thune	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District:	

C.	Full Name (Last, First, Middle Initial) Friends of John Thune	Transaction ID: 51254-5239374041557 Date of Disbursement
	Mailing Address 200 North Phillips Avenue Ste L101	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="27"/> <input type="text" value="27"/> / <input type="text" value="2010"/> <input type="text" value="2010"/>
	City Sioux Falls State SD Zip Code 57104	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary Contribution	<input type="text" value="500.00"/>
	Candidate Name John R. Thune	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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) Friends of Sam Johnson</p> <p>Mailing Address PO Box 860096</p> <p>City Plano State TX Zip Code 75086</p> <p>Purpose of Disbursement 2010 General Contribution</p> <p>Candidate Name Sam Johnson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 03</p>	<p>Transaction ID: 51254-8070337176323</p> <p>Date of Disbursement 05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) Geoff Davis for Congress</p> <p>Mailing Address PO Box 17192 Suite F</p> <p>City Ft Mitchell State KY Zip Code 41017</p> <p>Purpose of Disbursement 2010 General Contribution</p> <p>Candidate Name Geoffrey C. Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District: 04</p>	<p>Transaction ID: 51254-3798028826713</p> <p>Date of Disbursement 05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C. Full Name (Last, First, Middle Initial) Georgians for Isakson</p> <p>Mailing Address Post Office Box 250116</p> <p>City Atlanta State GA Zip Code 30325</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Johnny Isakson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District:</p>	<p>Transaction ID: 51254-2942468523979</p> <p>Date of Disbursement 05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input 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)

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<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) Grassley Committee Inc <hr/> Mailing Address PO Box 1000 <hr/> City Des Moines State IA Zip Code 50304 <hr/> Purpose of Disbursement 2010 General Contribution Candidate Name Charles E. Grassley <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 51254-2910730242729 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Heath Shuler for Congress <hr/> Mailing Address PO Box 8446 <hr/> City Asheville State NC Zip Code 28814 <hr/> Purpose of Disbursement 2010 General Contribution Candidate Name Heath Shuler <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 51254-5668908953666 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Heller for Congress <hr/> Mailing Address PO Box 750580 <hr/> City Las Vegas State NV Zip Code 89136 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Dean Heller <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 51254-6850854754448 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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)

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<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) Hoeven for Senate <hr/> Mailing Address PO Box 15114 <hr/> City Arlington State VA Zip Code 22215 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name John Hoeven <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 51254-3858148455619 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) John Sullivan for Congress Inc <hr/> Mailing Address Post Office Box 470840 <hr/> City Tulsa State OK Zip Code 74147 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name John Sullivan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 51254-4226037859916 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Price for Congress <hr/> Mailing Address PO Box 425 <hr/> City Roswell State GA Zip Code 30077 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Thomas E. Price <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 51254-2720910906791 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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) Richard Burr Committee; the <hr/> Mailing Address Post Office Box 5928 <hr/> City Winston-Salem State NC Zip Code 27113 <hr/> Purpose of Disbursement 2010 General Contribution Candidate Name Richard M. Burr <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 51254-0019189715385 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Richardson for Congress <hr/> Mailing Address 1212 S Victory Blvd <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Laura Richardson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 51254-3537713885307 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Rogers for Congress <hr/> Mailing Address PO Box 581 Post Office Box 581 <hr/> City Brighton State MI Zip Code 48116 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Mike Rogers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 51254-4446374773979 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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)

<p>A. Full Name (Last, First, Middle Initial) Rogers for Congress</p> <p>Mailing Address PO Box 581 Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement 2010 General Contribution</p> <p>Candidate Name Mike Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 08</p>	<p>Transaction ID: 51254-3400842547416</p> <p>Date of Disbursement 05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) Texas Freedom Fund</p> <p>Mailing Address 104 East Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Texas Freedom Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: 51254-0035058856010</p> <p>Date of Disbursement 05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>
<p>C. Full Name (Last, First, Middle Initial) Tim Murphy for Congress</p> <p>Mailing Address PO Box 24551</p> <p>City Pttsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement 2010 General Contribution</p> <p>Candidate Name Timothy F. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 18</p>	<p>Transaction ID: 51254-5693780779838</p> <p>Date of Disbursement 05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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) Volunteers for Shimkus <hr/> Mailing Address PO Box 661 PO Box 5458 <hr/> City Collinsville State IL Zip Code 62234 <hr/> Purpose of Disbursement 2010 General Contribution Candidate Name John M. Shimkus <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 51254-6079675555229 Date of Disbursement 05 / 27 / 2010
	Amount of Each Disbursement this Period 1500.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) Walden for Congress <hr/> Mailing Address PO Box 1091 <hr/> City Hood River State OR Zip Code 97031 <hr/> Purpose of Disbursement 2010 General Contribution Candidate Name Greg P. Walden <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 51254-1060602068901 Date of Disbursement 05 / 27 / 2010
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

47500.00

**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)

<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) Chuck Hopson Campaign <hr/> Mailing Address 506 East Commerce <hr/> City Jacksonville State TX Zip Code 75766 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32166-4586908221244 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) David Dewhurst Committee <hr/> Mailing Address PO Box 756 <hr/> City Austin State TX Zip Code 78767 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32166-1370965838432 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Texans for John Davis <hr/> Mailing Address 1 E Greenway Plaza Suite 225 <hr/> City Houston State TX Zip Code 77046 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32166-3660394549369 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

2000.00