

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 07 01 2010 through 07 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 08 20 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 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| 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 | 103240.77 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 9115.77 | 161726.39 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 112356.54 | 287122.27 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 6933.32 | 181699.05 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 105423.22 | 105423.22 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| 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) | 8439.90 | 92419.47 |
| (ii) Unitemized | 426.17 | 8300.53 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 8866.07 | 100720.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 57000.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 8866.07 | 157720.00 |
| 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) | 249.70 | 1006.39 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 3000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 9115.77 | 161726.39 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 9115.77 | 161726.39 |

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..... | 433.32 | 1199.05 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 433.32 | 1199.05 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 6500.00 | 173000.00 |
| 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..... | 0.00 | 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)).. | 6933.32 | 181699.05 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 6933.32 | 181699.05 |

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) | 8866.07 | 157720.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 5000.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 8866.07 | 152720.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 433.32 | 1199.05 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 249.70 | 1006.39 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 183.62 | 192.66 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 39
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Hayat Assaf

Mailing Address 64 Maple St

City State Zip Code
West Roxbury MA 02132-1828

FEC ID number of contributing federal political committee. C

Name of Employer Tufts Health Plan Occupation AVP Business Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
07 / 16 / 2010

Transaction ID: 6F8A210B75565EE4F43

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Gary Bacher

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt MM / DD / YYYY
07 / 15 / 2010

Transaction ID: 20100716141027-1

Amount of Each Receipt this Period 125.00

C.

Full Name (Last, First, Middle Initial)
Gary Bacher

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt MM / DD / YYYY
07 / 30 / 2010

Transaction ID: 20100727114527-1

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) 500.00

TOTAL This Period (last page this line number only)

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 39 |
| | <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) Carmella Bocchino | | Date of Receipt MM / DD / YYYY 07 / 15 / 2010 | | |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100716141027-2 | | |
| | City Washington | State DC | Zip Code 20004 | Amount of Each Receipt this Period 208.33 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer America's Health Insurance Plans | | Occupation Executive Vice President, Clinical Aff | | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2916.62 | | |

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|-----------|---------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|----------------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Carmella Bocchino | | Date of Receipt MM / DD / YYYY 07 / 30 / 2010 | | |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100727114527-2 | | |
| | City Washington | State DC | Zip Code 20004 | Amount of Each Receipt this Period 208.33 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer America's Health Insurance Plans | | Occupation Executive Vice President, Clinical Aff | | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2916.62 | | |

| | | | | | |
|-----------|---------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|---------------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Robert Borchardt | | Date of Receipt MM / DD / YYYY 07 / 15 / 2010 | | |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100716141027-3 | | |
| | City Washington | State DC | Zip Code 20004 | Amount of Each Receipt this Period 41.67 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer America's Health Insurance Plans | | Occupation Senior Vice President Finance & Operat | | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 583.38 | | |

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|------------------------------------------------------------------|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 458.33 |
| 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 9 / 39 |
| | <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) Robert Borchardt | | Date of Receipt | |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | M M / D D / Y Y Y Y Y 07 / 30 / 2010 | |
| | City | State | Zip Code | Transaction ID: 20100727114527-3 |
| | Washington | DC | 20004 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 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 ▼ 583.38 | | |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------|-----------------------------------------|-----------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Dianne Bricker | | Date of Receipt | |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | M M / D D / Y Y Y Y Y 07 / 15 / 2010 | |
| | City | State | Zip Code | Transaction ID: 20100716141027-4 |
| | Washington | DC | 20004 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 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 ▼ 583.38 | | |

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|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------|-----------------------------------------|-----------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Dianne Bricker | | Date of Receipt | |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | M M / D D / Y Y Y Y Y 07 / 30 / 2010 | |
| | City | State | Zip Code | Transaction ID: 20100727114527-4 |
| | Washington | DC | 20004 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 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 ▼ 583.38 | | |

| | | |
|------------------------------------------------------------------|---|--------|
| 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: (check only one) | PAGE 10 / 39 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Yvonne Chanatry | | Date of Receipt |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 15 / 2010 |
| | City Washington State DC Zip Code 20004 | | Transaction ID: 20100716141027-8 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period |
| | Name of Employer America's Health Insurance Plans Occupation Vice President, Marketing and Graphics | | <input type="text"/> 104.17 |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1208.30 | | |

| | | | |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Yvonne Chanatry | | Date of Receipt |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 30 / 2010 |
| | City Washington State DC Zip Code 20004 | | Transaction ID: 20100727114527-8 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period |
| | Name of Employer America's Health Insurance Plans Occupation Vice President, Marketing and Graphics | | <input type="text"/> 104.17 |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1208.30 | | |

| | | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Teresa Chovan | | Date of Receipt |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 30 / 2010 |
| | City Washington State DC Zip Code 20004 | | Transaction ID: 20100727114527-9 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period |
| | Name of Employer America's Health Insurance Plans Occupation Executive Director, Policy Research | | <input type="text"/> 14.58 |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 204.12 | | |

| | |
|------------------------------------------------------------------|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 222.92 |
| 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: (check only one) | PAGE 11 / 39 | | |
| | <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) Lois Cornell | | Date of Receipt MM / DD / YYYY 07 / 16 / 2010 | | |
| | Mailing Address 31 Farm Hill Rd | | Transaction ID: 162A60F67C8B03AAAF6 | | |
| | City Natick | State MA | Zip Code 01760-5552 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Tufts Health Plan | Occupation Sr VP of HR, General Counsel, Sr. Comp | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Gregory Dean | | Date of Receipt MM / DD / YYYY 07 / 15 / 2010 | | |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100716141027-13 | | |
| | 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 Insurance Education | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 875.00 | | | |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Gregory Dean | | Date of Receipt MM / DD / YYYY 07 / 30 / 2010 | | |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100727114527-13 | | |
| | 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 Insurance Education | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 875.00 | | | |

| | | |
|------------------------------------------------------------------|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 625.00 |
| 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 12 / 39
(check only one)

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

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

A.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Jill Dowell | | Date of Receipt MM / DD / YYYY 07 / 15 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100716141027-16 |
| City Washington | State Zip Code DC 20004 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 166.67 |
| 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 ▼ 1581.34 | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Jill Dowell | | Date of Receipt MM / DD / YYYY 07 / 30 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100727114527-17 |
| City Washington | State Zip Code DC 20004 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 166.67 |
| 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 ▼ 1581.34 | |

C.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Katie Dunning | | Date of Receipt MM / DD / YYYY 07 / 15 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100716141027-17 |
| 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 Regional Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 458.37 | |

| | | |
|------------------------------------------------------------------|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 375.01 |
| 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 13 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Katie Dunning

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 ▼ 458.37

Date of Receipt 07 / 30 / 2010
Transaction ID: 20100727114527-18
Amount of Each Receipt this Period 41.67

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 15 / 2010
Transaction ID: 20100716141027-19
Amount of Each Receipt this Period 125.00

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 30 / 2010
Transaction ID: 20100727114527-20
Amount of Each Receipt this Period 125.00

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: PAGE 14 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 379.12

Date of Receipt 07 / 15 / 2010
Transaction ID: 20100716141027-20
Amount of Each Receipt this Period 27.08

B. 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 ▼ 379.12

Date of Receipt 07 / 30 / 2010
Transaction ID: 20100727114527-21
Amount of Each Receipt this Period 27.08

C. Full Name (Last, First, Middle Initial)
Aida Guida

Mailing Address 2 Moore Rd

City Sudbury State MA Zip Code 01776-1912

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

Name of Employer Tufts Health Plans Occupation VP of Finance, Corporate Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 16 / 2010
Transaction ID: 2525C9FA0F573EA3FD2
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 304.16

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 15 / 39
(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) Lindy Hinman | | Date of Receipt MM / DD / YYYY 07 / 15 / 2010 |
| Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100716141027-23 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 83.33 |
| Name of Employer America's Health Insurance Plans | Occupation Special Assistant To President and Ceo | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1166.62 | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Lindy Hinman | | Date of Receipt MM / DD / YYYY 07 / 30 / 2010 |
| Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100727114527-24 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 83.33 |
| Name of Employer America's Health Insurance Plans | Occupation Special Assistant To President and Ceo | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1166.62 | |

C.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Joni Hong | | Date of Receipt MM / DD / YYYY 07 / 15 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100716141027-24 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.83 |
| Name of Employer America's Health Insurance Plans | Occupation Senior Associate Counsel, Special Proj | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 291.62 | |

| | |
|------------------------------------------------------------------|---------------|
| 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: (check only one) | PAGE 16 / 39 |
| | <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 |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | <input type="text" value="07"/> / <input type="text" value="30"/> / <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 Senior Associate Counsel, Special Proj | Transaction ID: 20100727114527-25 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="291.62"/> | <input type="text" value="20.83"/> |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Joseph Imbimbo | | Date of Receipt |
| | Mailing Address 474 Revere Beach Blvd Apt 1105 | | <input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Revere | MA | 02151-4726 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Tufts Health Plan | | Occupation VP Technology Operations | Transaction ID: F85BAD342CACEF44BBD |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="250.00"/> | <input type="text" value="250.00"/> |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Alethia Jackson | | Date of Receipt |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | <input type="text" value="07"/> / <input type="text" value="15"/> / <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 | Transaction ID: 20100716141027-25 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="1166.62"/> | <input type="text" value="83.33"/> |

| | |
|------------------------------------------------------------------|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="354.16"/> |
| 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 17 / 39
(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)
Alethia Jackson

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 ▼ 1166.62

Date of Receipt: 07 / 30 / 2010
Transaction ID: 20100727114527-26
 Amount of Each Receipt this Period: 83.33

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

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: VP, Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt: 07 / 15 / 2010
Transaction ID: 20100716141027-26
 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 Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: VP, Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt: 07 / 30 / 2010
Transaction ID: 20100727114527-27
 Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ► 166.67

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

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

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

FOR LINE NUMBER: PAGE 18 / 39
(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)
Jean Knapp
Mailing Address 59 Hunter Ln
City Lancaster State MA Zip Code 01523-3041
FEC ID number of contributing federal political committee. **C**
Name of Employer Tufts Health Plan Occupation AVP Budgeting & Financial Planning
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 16 / 2010
Transaction ID: 187F797599AD573364C
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Umesh Kurpad
Mailing Address 47 Durham Rd
City Skillman State NJ Zip Code 08558-1806
FEC ID number of contributing federal political committee. **C**
Name of Employer Tufts Health Plan Occupation CFO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 07 / 16 / 2010
Transaction ID: D6FA4C2BADE28C1B7DD
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Barbara Lardy
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, Clinical Affairs
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 583.38
Date of Receipt 07 / 15 / 2010
Transaction ID: 20100716141027-27
Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional) ► 791.67
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 39
(check only one)

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

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

A.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Barbara Lardy | | Date of Receipt MM / DD / YYYY 07 / 30 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100727114527-28 |
| 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 Senior Vice President, Clinical Affair | Aggregate Year-to-Date ▼ 583.38 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Larry Larson | | Date of Receipt MM / DD / YYYY 07 / 15 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100716141027-28 |
| 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 | Aggregate Year-to-Date ▼ 583.38 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

C.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Larry Larson | | Date of Receipt MM / DD / YYYY 07 / 30 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100727114527-29 |
| 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 | Aggregate Year-to-Date ▼ 583.38 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|------------------------------------------------------------------|---------------|
| 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 20 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Jeff Lemieux

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: Svp, Center for Health Policy & Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: 07 / 15 / 2010
Transaction ID: 20100716141027-29
 Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Jeff Lemieux

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: Svp, Center for Health Policy & Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: 07 / 30 / 2010
Transaction ID: 20100727114527-30
 Amount of Each Receipt this Period: 125.00

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

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 Director Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 708.38

Date of Receipt: 07 / 15 / 2010
Transaction ID: 20100716141027-30
 Amount of Each Receipt this Period: 104.17

SUBTOTAL of Receipts This Page (optional) ► 354.17

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 21 / 39
(check only one)

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

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

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

A.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Beth Leonard | | Date of Receipt MM / DD / YYYY 07 / 30 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100727114527-31 |
| City Washington | State Zip Code DC 20004 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 104.17 |
| 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 ▼ 708.38 | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Kristin Lewis | | Date of Receipt MM / DD / YYYY 07 / 16 / 2010 |
| Mailing Address 705 Mount Auburn St | | Transaction ID: EC5A27D48B0C51CB4B0 |
| City Watertown | State Zip Code MA 02472-1508 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Tufts Health Plan | Occupation VP, Government Affairs, Public Policy | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

C.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Holly Macmoran | | Date of Receipt MM / DD / YYYY 07 / 15 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100716141027-32 |
| 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 Program Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 291.62 | |

| | | |
|------------------------------------------------------------------|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 375.00 |
| 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 22 / 39
(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) Holly Macmoran | | Date of Receipt MM / DD / YYYY 07 / 30 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100727114527-33 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.83 |
| Name of Employer America's Health Insurance Plans | Occupation Program Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 291.62 | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Debi Manning | | Date of Receipt MM / DD / YYYY 07 / 15 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100716141027-33 |
| 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 Director of Human Resources | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 305.00 | |

C.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Debi Manning | | Date of Receipt MM / DD / YYYY 07 / 30 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100727114527-34 |
| 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 Director of Human Resources | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 305.00 | |

| | |
|------------------------------------------------------------------|---------------|
| SUBTOTAL of Receipts This Page (optional) | 145.83 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 39
(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) Thomas Meyers | | Date of Receipt MM / DD / YYYY 07 / 15 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100716141027-37 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| 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 ▼ 280.00 | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Thomas Meyers | | Date of Receipt MM / DD / YYYY 07 / 30 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100727114527-38 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| 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 ▼ 280.00 | |

C.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Julie Miller | | Date of Receipt MM / DD / YYYY 07 / 15 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100716141027-39 |
| 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 Associate Counsel | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 583.38 | |

| | |
|------------------------------------------------------------------|--------------|
| SUBTOTAL of Receipts This Page (optional) | 81.67 |
| 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 / 39 |
| | <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) Julie Miller | Date of Receipt MM / DD / YYYY 07 / 30 / 2010 |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | Transaction ID: 20100727114527-40 |
| | City Washington State DC Zip Code 20004 | Amount of Each Receipt this Period 41.67 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: America's Health Insurance Plans Occupation: Senior Associate Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 583.38 | |

| | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Martin Mitchell, Jr. | Date of Receipt MM / DD / YYYY 07 / 15 / 2010 |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | Transaction ID: 20100716141027-41 |
| | 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: Director Product Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 291.62 | |

| | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Martin Mitchell, Jr. | Date of Receipt MM / DD / YYYY 07 / 30 / 2010 |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | Transaction ID: 20100727114527-42 |
| | 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: Director Product Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 291.62 | |

| | |
|------------------------------------------------------------------|--------------|
| 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 25 / 39
(check only one)

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

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

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

A.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Betsy Pelovitz | | Date of Receipt MM / DD / YYYY 07 / 15 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100716141027-42 |
| City Washington | State Zip Code DC 20004 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 104.17 |
| 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 ▼ 1208.30 | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Betsy Pelovitz | | Date of Receipt MM / DD / YYYY 07 / 30 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100727114527-43 |
| City Washington | State Zip Code DC 20004 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 104.17 |
| 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 ▼ 1208.30 | |

C.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Susan Pisano | | Date of Receipt MM / DD / YYYY 07 / 15 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100716141027-43 |
| 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 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1811.52 | |

| | |
|------------------------------------------------------------------|---------------|
| SUBTOTAL of Receipts This Page (optional) | 338.81 |
| 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 / 39
(check only one)

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

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

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

A.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Susan Pisano | | Date of Receipt MM / DD / YYYY 07 / 30 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100727114527-44 |
| 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 ▼ 1811.52 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Lawrence Platt | | Date of Receipt MM / DD / YYYY 07 / 15 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100716141027-44 |
| 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 Director | Aggregate Year-to-Date ▼ 666.70 |
| 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 07 / 30 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100727114527-45 |
| 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 Director | Aggregate Year-to-Date ▼ 666.70 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|------------------------------------------------------------------|---------------|
| SUBTOTAL of Receipts This Page (optional) | 297.13 |
| 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 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Vice President, State Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1208.30

Date of Receipt 07 / 15 / 2010
Transaction ID: 20100716141027-45
 Amount of Each Receipt this Period 104.17

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

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Vice President, State Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1208.30

Date of Receipt 07 / 30 / 2010
Transaction ID: 20100727114527-46
 Amount of Each Receipt this Period 104.17

C. 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 ▼ 291.62

Date of Receipt 07 / 15 / 2010
Transaction ID: 20100716141027-47
 Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional) ► 229.17

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 28 / 39
(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 ▼ 291.62

Date of Receipt: 07 / 30 / 2010
Transaction ID: 20100727114527-48
 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 ▼ 450.00

Date of Receipt: 07 / 15 / 2010
Transaction ID: 20100716141027-48
 Amount of Each Receipt this Period: 37.50

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 ▼ 450.00

Date of Receipt: 07 / 30 / 2010
Transaction ID: 20100727114527-49
 Amount of Each Receipt this Period: 37.50

SUBTOTAL of Receipts This Page (optional) ► 95.83

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 29 / 39

(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)
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 Vice President, Federal Programs
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 666.70

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2010

Transaction ID: 20100716141027-49

Amount of Each Receipt this Period

83.33

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 Vice President, Federal Programs
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 666.70

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: 20100727114527-50

Amount of Each Receipt this Period

83.33

C.

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

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

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
America's Health Insurance Senior Vice President, Professional Pr
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 583.38

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2010

Transaction ID: 20100716141027-50

Amount of Each Receipt this Period

41.67

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 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 583.38

Date of Receipt: 07 / 30 / 2010
Transaction ID: 20100727114527-51
 Amount of Each Receipt this Period: 41.67

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

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 V.P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2153.90

Date of Receipt: 07 / 15 / 2010
Transaction ID: 20100716141027-51
 Amount of Each Receipt this Period: 153.85

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

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 V.P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2153.90

Date of Receipt: 07 / 30 / 2010
Transaction ID: 20100727114527-52
 Amount of Each Receipt this Period: 153.85

SUBTOTAL of Receipts This Page (optional) ► **349.37**

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 / 39
(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 | | Date of Receipt MM / DD / YYYY 07 / 15 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100716141027-52 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 31.25 |
| Name of Employer America's Health Insurance Plans | Occupation Deputy Director, Political Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 437.50 | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Jessica Talbert | | Date of Receipt MM / DD / YYYY 07 / 30 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100727114527-53 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 31.25 |
| Name of Employer America's Health Insurance Plans | Occupation Deputy Director, Political Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 437.50 | |

C.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Patricia Trebino | | Date of Receipt MM / DD / YYYY 07 / 16 / 2010 |
| Mailing Address 142 Manning St | | Transaction ID: 9AD7572A14CF4436227 |
| City Needham | State MA | Zip Code 02494-1541 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Tufts Health Plan | Occupation SVP of Operations, CIO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|------------------------------------------------------------------|---------------|
| SUBTOTAL of Receipts This Page (optional) | 562.50 |
| 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 32 / 39
(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 07 / 15 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100716141027-54 |
| 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 ▼ 2916.62 | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Michael Tuffin | | Date of Receipt MM / DD / YYYY 07 / 30 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100727114527-55 |
| 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 ▼ 2916.62 | |

C.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Mark Van Koevering | | Date of Receipt MM / DD / YYYY 07 / 15 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100716141027-55 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 83.33 |
| Name of Employer America's Health Insurance Plans | Occupation Executive Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 916.66 | |

| | | |
|------------------------------------------------------------------|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 499.99 |
| 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 33 / 39
(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) Mark Van Koevering | | Date of Receipt MM / DD / YYYY 07 / 30 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100727114527-56 |
| 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 Executive Director | Aggregate Year-to-Date ▼ 916.66 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Daniel Vigil | | Date of Receipt MM / DD / YYYY 07 / 15 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100716141027-56 |
| City Washington | State Zip Code DC 20004 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 31.25 |
| Name of Employer America's Health Insurance Plans | Occupation Deputy Director, State Publications | Aggregate Year-to-Date ▼ 437.50 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

C.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Daniel Vigil | | Date of Receipt MM / DD / YYYY 07 / 30 / 2010 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 20100727114527-57 |
| City Washington | State Zip Code DC 20004 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 31.25 |
| Name of Employer America's Health Insurance Plans | Occupation Deputy Director, State Publications | Aggregate Year-to-Date ▼ 437.50 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|------------------------------------------------------------------|---------------|
| SUBTOTAL of Receipts This Page (optional) | 145.83 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 34 / 39
(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)
Robert Zirkelbach

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: Press Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 645.88

Date of Receipt: 07 / 15 / 2010
Transaction ID: 20100716141027-58
 Amount of Each Receipt this Period: 41.67

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

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: Press Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 645.88

Date of Receipt: 07 / 30 / 2010
Transaction ID: 20100727114527-59
 Amount of Each Receipt this Period: 104.17

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

TOTAL This Period (last page this line number only) ► **8439.90**

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

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

FOR LINE NUMBER: PAGE 35 / 39
(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 ▼
1006.39

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 16 / 2010

Transaction ID: D20B46DD796B8EECCE1

Amount of Each Receipt this Period
225.70

Reimbursement of Merchant Service 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 ▼
1006.39

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 16 / 2010

Transaction ID: 1E984F717D8AE456056

Amount of Each Receipt this Period
24.00

Reimbursement of Wire Transfer Fees

| | | |
|------------------------------------------------------------------|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 249.70 |
| TOTAL This Period (last page this line number only) | ▶ | 249.70 |

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

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

FOR LINE NUMBER: (check only one)

PAGE 36 / 39

| | | | | | |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A.</p> <p>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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B2DAD216FA8AEFAB399</p> <p>Date of Disbursement 07 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 12.00</p> <p>001 Category/ Type</p> |
| <p>B.</p> <p>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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9D12D0FA49AAC1A7011</p> <p>Date of Disbursement 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 12.00</p> <p>001 Category/ Type</p> |
| <p>C.</p> <p>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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 8A867926CBABE708940</p> <p>Date of Disbursement 07 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 62.42</p> <p>001 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

86.42

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 37 / 39

| | | | | | |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. 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 Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7A596CFC473F3CE1D69 Date of Disbursement: 07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 137.42</p> <p>001 Category/Type</p> |
| <p>B. 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 AMEX Service Fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 15540E7DE7EE58F5DA9 Date of Disbursement: 07 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 177.74</p> <p>001 Category/Type</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 Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 46038893360E553F862 Date of Disbursement: 07 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 31.74</p> <p>001 Category/Type</p> |

| | |
|------------------------------------------------------------------|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 346.90 |
| TOTAL This Period (last page this line number only) | 433.32 |

**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) Committe To Re-Elect Ed Towns <hr/> Mailing Address 438 Lewis Avenue <hr/> City Brooklyn State NY Zip Code 11233 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Edolphus Towns <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 05249-7720910906791 Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2010 |
| | Amount of Each Disbursement this Period 500.00 |
| | Category/ Type 011 |
| | [MEMO ITEM] |
| B. Full Name (Last, First, Middle Initial) Friends of John Thune <hr/> Mailing Address 200 North Phillips Avenue Ste L101 <hr/> City Sioux Falls State SD Zip Code 57104 <hr/> Purpose of Disbursement Resignation of May 27, 2010 Contribution Candidate Name John R. Thune <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 24069-7533075213432 Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2010 |
| | Amount of Each Disbursement this Period 500.00 |
| | Category/ Type 011 |
| | [MEMO ITEM] |
| C. Full Name (Last, First, Middle Initial) Senate Majority Fund <hr/> Mailing Address PO Box 32025 <hr/> City Phoenix State AZ Zip Code 85064 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Senate Majority Fund <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution | Transaction ID: 05249-2480584979057 Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2010 |
| | Amount of Each Disbursement this Period 5000.00 |
| | Category/ Type 011 |
| | [MEMO ITEM] |

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 / 39

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
Whitfield for Congress Committee

Transaction ID: 05249-0020105242729

Date of Disbursement

Mailing Address PO Box 391

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 2 | | 2 | 0 | 1 | 0 |

City Hopkinsville State KY Zip Code 42241

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement
2010 General Contribution

011
Category/
Type

Candidate Name
Edward Whitfield

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: KY District: 01

SUBTOTAL of Disbursements This Page (optional) ►

| |
|---------|
| 1000.00 |
|---------|

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

| |
|---------|
| 6500.00 |
|---------|