

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 45  
(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) Gary Bacher		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20100616133527-1
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

**B.**

Full Name (Last, First, Middle Initial) Gary Bacher		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20100628113629-1
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

**C.**

Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20100616133527-2
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.33
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 ▼ 2499.96	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>458.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	