02/26/2007 11:08

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FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Americas Health Insurance Plans PAC (AHIP PAC) 601 Pennsylvania Avenue; NW ADDRESS (number and street) Suite 500 South Building Check if different than previously DC 20004 Washington reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00106740 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 28 2006 12 3 1 2006 1 1 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Robert Borchardt Type or Print Name of Treasurer Electronically Filed by Robert Borchardt 02 23 2007 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003)

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS
Page 2

Report (Covering the Period:	From:	11 28	2006	To: 12	31 2006
				COLUMN A This Period	Cale	COLUMN B ndar Year-to-Date
(a) (Cash on Hand January 1	[°] 2006 [°] °				119244.78
٠,	Cash on Hand at Begining of Reporting	Period		127195.47		
(c) -	Total Receipts (from L	ine 19)		27187.69		307286.38
(d) 5	Subtotal (add lines 6(b) and				
	6(c) for Column A and 6(a) and 6(c) for Colur			154383.16		426531.16
Total	Disbursements (from	Line 31)		4641.42		276789.42
Cash	on Hand at Close of		_			
	rting Period ract Line 7 from Line 6	6(d))		149741.74		149741.74
Debts	and Obligations owe	d TO				
	ommittee (Itemize all o dule C and/or Schedu			0.00		
. Debts	and Obligations owe	d BY				
	ommittee (Itemize all o dule C and/or Schedu			0.00		
ХТ	his Committee has qu	alified as a mult	icandidate committee.	(see FEC FORM 1M)		

-ederal 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. 02/2003) Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

From:

Report Covering the Period:

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^Y 2 0 0 6

та.

м м 1 2 ^D 3 1

2006

	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)	21300.15	184502.05
	(ii) Unitemized	787.54	14594.08
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	22087.69	199096.13
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	4100.00	93600.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	26187.69	292696.13
2.	Transfers From Affiliated/Other Party Committees	0.00	1090.25
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
о.	to Federal candidates and Other Political Committees	1000.00	13500.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	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))	27187.69	307286.38
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	27187.69	307286.38

DETAILED SUMMARY PAGE

of Disbursements

Page 4

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)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	141.42	2450.84
	Expenditures(c) Total Operating Expenditures	141.42	2430.04
	(add 21(a)(i), (a)(ii) and (b))	141.42	2450.84
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	4500.00	255323.58
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	i i		
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	19015.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4641.42	276789.42
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	4641.42	
	from Line 31)		276789.42

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	26187.69	292696.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	26187.69	292696.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	141.42	2450.84
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	141.42	2450.84

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 65 (check only one) X 11a 11b 11c 12
Ar	ny information copied from such Reports and Stat	ements may	not be sold or used by any perso	13 14 15 16 17 In for the purpose of soliciting contributions
$\frac{\text{or}}{\left.\right\rangle}$	for commercial purposes, other than using the native NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A)		• •	solicit contributions from such committee.
۹.	Full Name (Last, First, Middle Initial) Al Annexstad			Date of Receipt
	Mailing Address 121 East Park Square P.O. Box 328			12 05 2006
	City Owatonna	State MN	Zip Code	Transaction ID: 4418370612046111397
	FEC ID number of contributing federal political committee.	C	55060-3046	Amount of Each Receipt this Period 500.00
	Name of Employer Federated Insurance Compa- nies Receipt For: ☐ Primary ☐ General Other (specify) ▼		n of the Board; President and Year-to-Date ▼	10
3.	Full Name (Last, First, Middle Initial) George Babitsch Mailing Address 41 Highlands Drive			Date of Receipt 1 2 0 5 2 0 0 6
	City Kennelon	State NJ	Zip Code 07405	Transaction ID: 0873160612045989185 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Group Health Inc.		ce President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
).	Full Name (Last, First, Middle Initial) James Balda			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N' South Building; Suite 500			11 30 / 9 2006
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20061123-1 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000 - 2001	41.67
	Name of Employer America's Health Insurance Plans Receipt For:		notes and Professional Year-to-Date	al De
	Primary General Other (specify) ▼	0 0	500.04	
s	UBTOTAL of Receipts This Page (optional)		>	791.67

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 7 / 65	
			Use separate schedule(s) or each category of the	(check only one)	
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions	
or	for commercial purposes, other than using the r	ame and add	iress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)		,		
\angle	Americas Health Insurance Plans PAC	(AHIP PAC)		
Α.	Full Name (Last, First, Middle Initial) James Balda			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Building; Suite 50			12 15 2006	
	City	State	Zip Code	Transaction ID: 20061218-1	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		41.67	
	Name of Employer America's Health Insurance	Occupation VP Momb	n per Services and Professiona		
	Plans Receipt For:	1	Year-to-Date ∇		
	Primary General	Aggregate	Total to Date 🔻		
	Other (specify)		500.04		
			0 0 0 0 0 0 0	'	
В.	Full Name (Last, First, Middle Initial) James Balda			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y	
	South Building; Suite 50			12 31 2006	
	City	State	Zip Code	Transaction ID: 20061227-1	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		41.67	
	federal political committee.	C		41.07	
	Name of Employer	Occupation	1		
	America's Health Insurance Plans	VP Memb	per Services and Professiona	al De	
	Receipt For:	Aggregate	Year-to-Date V		
	Primary General		500.04		
	Other (specify)		500.04		
_	Full Name (Last, First, Middle Initial)				
C.	Carmella Bocchino	13.47		Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg Ste 500	IVV		11 30 2006	
	City	State	Zip Code	Transaction ID: 20061123-4	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		208.33	
	federal political committee.				
	Name of Employer America's Health Insurance	Occupation			
	Plans	1	Vice President; Clinical Aff		
	Receipt For:	Aggregate	Year-to-Date ▼	. [
	Primary General		3833.30		
	Other (specify)				
	UBTOTAL of Receipts This Page (optional)			291.67	
\vdash	CDIOTAL OF RECEIPES THIS Page (optional)		······································		

SCHEDULE A (FEC Form 3X)

PAGE 8 / 65 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 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) Full Name (Last, First, Middle Initial) Date of Receipt Carmella Bocchino Mailing Address 601 Pennsylvania Ave NW 2006 12 15 South Bldg Ste 500 Zip Code City State Transaction ID: 20061218-4 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 208.33 C federal political committee. Name of Employer America's Health Insurance Occupation Executive Vice President; Clinical Aff **Plans** Aggregate Year-to-Date ▼ Receipt For: Primary General 3833.30 Other (specify) Full Name (Last, First, Middle Initial) B. Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Ave NW 31 2006 South Bldg Ste 500 City State Zip Code Transaction ID: 20061227-4 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing C 208.33 federal political committee. Name of Employer America's Health Insurance Occupation Executive Vice President; Clinical Aff <u>Plans</u> Receipt For: Aggregate Year-to-Date ▼ Primary General 3833.30 Other (specify) Full Name (Last, First, Middle Initial) C. Robert Borchardt Date of Receipt Mailing Address 601 Pennsylvania Ave NW 1.1 30 2006 South Bldg: Ste 500 Citv State Zip Code Transaction ID: 20061123-5 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 25.00 C federal political committee. Name of Employer America's Health Insurance Occupation Senior Vice President Finance & Operate <u>Plans</u> Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 441.66 SUBTOTAL of Receipts This Page (optional)

S

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 9 / 65 (check only one)
"	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (AHIP PAC	3)	
Α.	Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	IW		1 2 1 5 2 0 0 6
	City	State	Zip Code	Transaction ID: 20061218-5
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ice President Finance & Ope	rat
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	
В.	Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	IW		12 31 2006
	City	State	Zip Code	Transaction ID: 20061227-5
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ice President Finance & Ope	rat
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		600.00	
<u> </u>	Full Name (Last, First, Middle Initial) Frank J Branchini			Date of Receipt
	Mailing Address 441 9th Ave			12 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8248750612045818160
	New York	NY	10001-1623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2000.00
	Name of Employer Group Health Incorporated	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General		2000.00	1
_	Other (specify)		2000.00	
s	UBTOTAL of Receipts This Page (optional)			2050.00

TOTAL This Period (last page this line number only)

COUEDINE A (EEC Form 2V)				FOR LINE NUMBER: PAGE 10 / 65
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC	(AHIP PAC	5)	
Α.	Full Name (Last, First, Middle Initial) Francie Burkhart			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	١W		11 30 4 2006
	City	State	Zip Code	Transaction ID: 20061123-6
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans	Occupation Director I	n Political Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	1	1999.92	
				4
В.	Full Name (Last, First, Middle Initial) Francie Burkhart			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	M M / D D / Y Y Y Y		
	South Bldg; Ste 500			12 15 2006
	City	State	Zip Code	Transaction ID: 20061218-6
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		83.33
	Name of Employer America's Health Insurance	Occupation		
	Plans		Political Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1999.92	1
	Other (specify) ▼		1393.32	
C.	Full Name (Last, First, Middle Initial) Francie Burkhart			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	1W		12 31 2006
	City	State	Zip Code	Transaction ID: 20061227-6
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			83.33
	Name of Employer	Occupation	 1	Ⅎ
	America's Health Insurance		Political Affairs	
	Plans Receipt For:		Year-to-Date ▼	_
	Primary General	gg. ogale		1
	Other (specify)		1999.92	
				1
1				249.99
Ls	UBTOTAL of Receipts This Page (optional)			2-73.33
1 -				

SCHEDULE A (FEC Form 3X) Use separate schedule(s)			FOR LINE NUMBER: PAGE 11 / 65
TEMIZED RECEIPTS		or each category of the	(check only one)
TEMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta	atements may	v not be sold or used by any perso	
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans PAC	(AHIP PAC	3)	
Full Name (Last, First, Middle Initial) Sarah Buxton			Date of Receipt
Mailing Address 4000 Glenwood Ave			12 05 7 2006
City	State	Zip Code	Transaction ID: 0547130612046202136
Golden Valley	MN	55422	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Federated Insurance Co.	Occupatio EVP	n	
Receipt For:	Aggregate	e Year-to-Date ▼	7
Primary General		300.00	
Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) Winthrop Cashdollar			Date of Receipt
Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	١W		11 30 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20061123-9
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		62.50
Name of Employer America's Health Insurance	Occupatio		7
Plans	-	Director Product Policy	_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		1500.00	
Full Name (Last, First, Middle Initial) Winthrop Cashdollar			Date of Receipt
Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	1W		12 15 2006
City	State	Zip Code	Transaction ID: 20061218-9
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer	Occupatio	n	7
America's Healfh Insurance <u>Plans</u>		e Director Product Policy	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify)		1500.00	
Culei (specily) 🔻		0 0 0 0 0 0 0	
SUBTOTAL of Receipts This Page (optional)			325.00
TOTAL This Period (last page this line number o	nlv)		

COUEDING A (FEC Forms OV)]		FOR LINE NUMBER: PAGE 12/65	
50	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)	
ITI	EMIZED RECEIPTS		or each category of the		
			Detailed Summary Page		
				13 14 15 16 17	
Any or f	r information copied from such Reports and Sta or commercial purposes, other than using the n	tements may ame and ado	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	Americas Health Insurance Plans PAC	(AHIP PAC)		
	Full Name (Last, First, Middle Initial) Winthrop Cashdollar			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	1W		12 31 2006	
	City	State	Zip Code	Transaction ID: 20061227-9	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		62.50	
	Name of Employer America's Health Insurance Plans		Director Product Policy		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00		
	Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt	
	Mailing Address 1276 N Wayne St #1223			1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 20061123-10	
	Arlington	VA	22201-5857	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		62.50	
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director of Marketing		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		1500.00		
	Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt	
	Mailing Address 1276 N Wayne St #1223			12 15 2006	
	City	State	Zip Code	Transaction ID: 20061218-10	
	Arlington	VA	22201-5857	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		62.50	
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director of Marketing		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.00		
SI	JBTOTAL of Receipts This Page (optional)			187.50	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 65		
	EMIZED RECEIPTS		or each category of the	(check only one)		
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12		
			, ,	13 14 15 16 17		
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or		name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	Americas Health Insurance Plans PAC	(AHIP PAC	(3)			
<u></u>	Full Name (Last, First, Middle Initial)					
A.	Yvonne Chanatry			Date of Receipt		
	Mailing Address 1276 N Wayne St #1223			1 2 3 1 2 0 0 6		
	City	State	Zip Code	Transaction ID: 20061227-10		
	Arlington	VA	22201-5857	Amount of Each Receipt this Period		
				7 thought of Edon recorpt this 1 ched		
	FEC ID number of contributing federal political committee.	C		62.50		
	Name of Employer America's Health Insurance	Occupation	า			
	America's Health Insurance Plans		Director of Marketing			
	Receipt For:		Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼	1	1500.00			
В.	Full Name (Last, First, Middle Initial) Jeffrey Chansler			Date of Receipt		
	Mailing Address 379 Fairmount Ave			M M / D D / Y Y Y Y		
				12 05 2006		
	City	State	Zip Code	Transaction ID: 8388320612046000070		
	Jersey City	NJ	07306-5908	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	С		250.00		
	Name of Employer	Occupation	2	_		
	Name of Employer Group Health Inc		ieral Counsel			
	Receipt For:		Year-to-Date V	_		
	Primary General	Aggregate	real to Bate ¥			
	Other (specify)		250.00			
			0 0 0 0 0 0 0			
_	Full Name (Last, First, Middle Initial)			Date of Receipt		
J .	Ann Curry Mailing Address 601 Pennsylvania Ave N	.1\A/		M M / D D / Y Y Y Y		
	South Bldg; Ste 500	VVV		30 2006		
	City	State	Zip Code	Transaction ID: 20061123-11		
	Washington	DC	20004-2601	Amount of Each Receipt this Period		
	FEC ID number of contributing			44.07		
	federal political committee.	C		41.67		
	Name of Familian	10	-	_		
	Name of Employer America's Health Insurance	Occupation				
	Plans		Federal Affairs	_		
	Receipt For:	Aggregate	Year-to-Date ▼	.		
	Primary General Other (specify)	1 ' '	1000.08			
	☐ Ottlet (specify) ♥		1 1 1 1 1 1 1			
				354.17		
Ls	UBTOTAL of Receipts This Page (optional)		······	JOT. 17		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 14 / 65	
			Use separate schedule(s) or each category of the	(check only one)	
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	Americas Health Insurance Plans PAC	(AHIP PAC)		
Α.	Full Name (Last, First, Middle Initial) Ann Curry			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	1W		12 15 2006	
	City	State	Zip Code	Transaction ID: 20061218-11	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		41.67	
	Name of Employer America's Health Insurance	Occupation Director:	n Federal Affairs	1	
	Plans Receipt For:		Year-to-Date ▼		
	Primary General	1 99. 19		1	
	Other (specify) ▼		1000.08		
В.	Full Name (Last, First, Middle Initial) Ann Curry			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y	
	South Bldg; Ste 500			12 31 2006	
	City	State	Zip Code	Transaction ID: 20061227-11	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		41.67	
	Name of Employer	Occupation	1	-	
	America's Health Insurance Plans		Federal Affairs		
	Receipt For:	1	Year-to-Date ▼		
	Primary General	33 -3		1	
	Other (specify) ▼		1000.08		
	Full Name (Last, First, Middle Initial)			1	
C.	Gregory Daphnis			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	1W		11 30 7 9 9 9	
	City	State	Zip Code	Transaction ID: 20061123-12	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.83	
	Name of Employer America's Health Insurance	Occupation	1		
	America's Health Insurance Plans	Program	Manager; VSD		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		400.00	1	
	Other (specify)		499.92		
				404.47	
s	UBTOTAL of Receipts This Page (optional)			104.17	
\vdash			<u> </u>	-	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 65
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Any information period from such Departs and Ct	atamanta ma	unat ha sald ar usad bu any naras	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	name and add	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	S)	
Full Name (Last, First, Middle Initial) A. Gregory Daphnis			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg; Ste 500		7:n Code	1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20061218-12 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.83
Name of Employer America's Health Insurance Plans		Manager; VSD	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.92	
Full Name (Last, First, Middle Initial) 3. Gregory Daphnis			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg; Ste 500			12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Washington</u>	State DC	Zip Code 20004-2601	Transaction ID: 20061227-12
FEC ID number of contributing federal political committee.	C	20004-2001	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans		Manager; VSD	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.92	
Full Name (Last, First, Middle Initial) C. Gregory Dean			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg; Ste 500			11 30 / Y Y Y Y Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20061123-13 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2004 2001	62.50
Name of Employer America's Health Insurance Plans Receipt For:		n e Director of AHIP's Learning e Year-to-Date ▼	1
Primary General Other (specify) ▼	Aggregate	1500.00	
SUBTOTAL of Receipts This Page (optional)		·····	104.16
TOTAL This Period (last page this line number of	only))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 65
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans PA	C (AHIP PAC	()	
Full Name (Last, First, Middle Initial) A. Gregory Dean			Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg; Ste 500	e NW		1 2 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20061218-13
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupatio Executive	n e Director of AHIP's Learning	<u>,</u>
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		1500.00	
Other (specify) ▼	0 0		1
Full Name (Last, First, Middle Initial) 3. Gregory Dean	'		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg; Ste 500	e NW		12 31 2006
City	State	Zip Code	Transaction ID: 20061227-13
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance	Occupatio	n	7
America's Hèalfh Insurance Plans	Executive	e Director of AHIP's Learning	,
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		1500.00	1
Other (specify)	0 0	1300.00	
Full Name (Last, First, Middle Initial) C. Marilyn DeQuatro	1		Date of Receipt
Mailing Address 441 9th Avennue			M M / D D / Y Y Y Y
The state of the s			12 05 2006
City	State	Zip Code	Transaction ID: 1000600612046008213
New York	NY	10001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Group Health Inc.	Occupatio SVP	n	7
Receipt For:	Aggregate	e Year-to-Date ▼	7
Primary General		050.00	1
Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			375.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	;)	
Α.	Full Name (Last, First, Middle Initial) Stephanie Dougherty Mailing Address 410 W Lombard S Apt 605 City Baltimore FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Zip Code 21201-1625 n Professional Programs e Year-to-Date ▼	Date of Receipt M M M / 30 / 2006 Transaction ID: 20061123-26 Amount of Each Receipt this Period 10.41
3.	Full Name (Last, First, Middle Initial) Stephanie Dougherty Mailing Address 410 W Lombard S Apt 605 City Baltimore FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Zip Code 21201-1625 n Professional Programs e Year-to-Date ▼ 249.84	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) Stephanie Dougherty Mailing Address 410 W Lombard S Apt 605 City Baltimore FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Zip Code 21201-1625 n Professional Programs e Year-to-Date ▼	Date of Receipt M M A 2006 Transaction ID: 20061227-26 Amount of Each Receipt this Period 10.41
s	UBTOTAL of Receipts This Page (optional)		>	31.23
т	OTAL This Period (last page this line number of	nlv)	.	

SCHEDULE A (FEC Form 3X)

PAGE 18/65 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 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) Full Name (Last, First, Middle Initial) Date of Receipt Jill Dowell Mailing Address 601 Pennsylvania Ave NW 30 2006 1.1 South Bldg; Ste 500 Zip Code City State Transaction ID: 20061123-14 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 83.33 C federal political committee. Name of Employer America's Health Insurance Occupation VP; Federal Affairs **Plans** Aggregate Year-to-Date ▼ Receipt For: Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jill Dowell Date of Receipt Mailing Address 601 Pennsylvania Ave NW 15 2006 South Bldg; Ste 500 City State Zip Code Transaction ID: 20061218-14 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Name of Employer America's Health Insurance Occupation VP; Federal Affairs <u>Plans</u> Receipt For: Aggregate Year-to-Date V Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) C. Jill Dowell Date of Receipt Mailing Address 601 Pennsylvania Ave NW 12 3 1 2006 South Bldg: Ste 500 Citv State Zip Code Transaction ID: 20061227-14 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 83.33 C federal political committee. Name of Employer America's Health Insurance Occupation VP; Federal Affairs <u>Plans</u> Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/65
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	ry information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (A	AHIP PAC		
۹.	Full Name (Last, First, Middle Initial) Paul Droher			Date of Receipt
	Mailing Address 1305 Ridge Road			1 2 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 1905190612046147166
	Owatonna	MN	55060	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Federated Insurance	Occupation Executive	Vice President; Insurance ()p
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
		0 0		
3.	Full Name (Last, First, Middle Initial) Thomas Dwyer			Date of Receipt
	Mailing Address 18 Dellwood Court			1 2 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 0290230612045857950
	Middletown	NJ	07748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation		+
	Name of Employer Group Health Incorporated	Manager		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Jane Florek			Date of Receipt
	Mailing Address 201 E 21st St #7C			1 2 0 5 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 9968480612055777433
	New York	NY	10010-6401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Group Health Inc.	Occupation VP		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			700.00

SC	CHEDULE A (FEC Form 3X)		Llan apparata appadula(a)		20 / 65
TEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	_
11	EINIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c	12
				13 14 15	16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso lress of any political committee to	for the purpose of soliciting contri solicit contributions from such com	butions mittee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	Americas Health Insurance Plans PAC (A	AHIP PAC)		
۹.	Full Name (Last, First, Middle Initial) Jeffrey Gabardi			Date of Receipt	,
	Mailing Address 601 Pennsylvania Ave NV South Bldg; Ste 500	V			2006
	City	State	Zip Code	Transaction ID: 20061123-	16
	Washington	DC	20004-2601	Amount of Each Receipt this	Period
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer America's Health Insurance	Occupation	ce President; State Affairs		
	Plans Receipt For:		Year-to-Date ▼	-	
	Primary General	7 igg. oguto			
	Other (specify) ▼	0 0	3000.00		
3.	Full Name (Last, First, Middle Initial) Jeffrey Gabardi			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave NV South Bldg; Ste 500	V			2006
	City	State	Zip Code	Transaction ID: 20061218-	16
	Washington	DC	20004-2601	Amount of Each Receipt this	Period
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer America's Health Insurance	Occupation		1	
	Plans Receipt For:		ce President; State Affairs Year-to-Date ▼	_	
	Primary General	Aggregate	rear-to-Date ▼		
	Other (specify) ▼		3000.00		
) .	Full Name (Last, First, Middle Initial) Jeffrey Gabardi			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave NV South Bldg; Ste 500	V			2006
	City	State	Zip Code	Transaction ID: 20061227-	16
	Washington	DC	20004-2601	Amount of Each Receipt this	Period
FEC ID number of contributing federal political committee.		C			125.00
	Name of Employer America's Health Insurance	Occupation	ce President; State Affairs	1	
	Plans Receipt For:		Year-to-Date ∇	-	
	Primary General	, iggi ogale			
	Other (specify) ▼		3000.00		
SI	UBTOTAL of Receipts This Page (optional)				375.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 65
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Americas Health Insurance Plans PAC	(AHIP PAC)	
	Americas ricalii insurance i ians i Ae	(/11111 1 /10	,	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Joni Hong			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y
	South Bldg; Ste 500			11 30 2006
	City	State	Zip Code	Transaction ID: 20061123-18
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		20.83
	Name of Employer America's Health Insurance	Occupation		
	Plans		ssociate Counsel; Special Pr	<u>oj</u>
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		499.92	
	Other (specify) ▼		400.02	
ь	Full Name (Last, First, Middle Initial)			Data of Danaist
В.	Joni Hong	DA7		Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	1VV		12 15 2006
	South Bldg; Ste 500	State	Zip Code	
	•		•	Transaction ID: 20061218-18
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing	C		20.83
	federal political committee.			
	Name of Employer	Occupation	1	7
	America's Health Insurance Plans	Senior As	ssociate Counsel; Special Pr	oj
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Other (specify) ▼	1	499.92	
				'
_	Full Name (Last, First, Middle Initial)			
C.	Joni Hong			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y
	South Bldg; Ste 500			12 31 2006
	City	State	Zip Code	Transaction ID: 20061227-18
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing	С		20.83
	federal political committee.			25.55
	Name of Employer	Occupation	1	\dashv
	Name of Employer America's Health Insurance		ssociate Counsel; Special Pr	oi
	Plans Receipt For:		Year-to-Date V	<u></u>
	Primary General	, iggi ogalo		
	Other (specify)		499.92	
	L			
_	UBTOTAL of Receipts This Page (optional)			62.49
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 / 65
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Americas Health Insurance Plans PAC	(AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Donna Horoschak			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	١W		11 30 7 9 9 9
	City	State	Zip Code	Transaction ID: 20061123-19
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance	Occupation	n e Director State Policy	7
	Plans Receipt For:		Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify) ▼		1749.96	
В.	Full Name (Last, First, Middle Initial) Donna Horoschak			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y
	South Bldg; Ste 500			12 15 2006
	City	State	Zip Code	Transaction ID: 20061218-19
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer	Occupation	1	-
	America's Health Insurance Plans		Director State Policy	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify)		1749.96	
_	Full Name (Last, First, Middle Initial)			
C.	Donna Horoschak			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	1W		12 31 2006
	City	State	Zip Code	Transaction ID: 20061227-19
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		83.33
	Name of Employer America's Health Insurance	Occupation		
	Plans		Director State Policy	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1749.96	
	Other (specify)			1
_	UDTOTAL (D. 11. TIL D. 11. II.			249.99
L	UBTOTAL of Receipts This Page (optional)		······	
1				1

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 65
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (AHIP PAC	5)	
۹.	Full Name (Last, First, Middle Initial) Karen Ignagni			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	IW		12 20 20 2006
	City	State	Zip Code	Transaction ID: 8941720612206365900
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	Name of Employer America's Health Insurance Plans	Occupation Presiden	n t and CEO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		5000.00	1
	Other (specify) ▼	0 0	3000.00	
3.	Full Name (Last, First, Middle Initial) Steven Judd			Date of Receipt
	Mailing Address 121 E. Park Square			12 05 7 2006
	City	State	Zip Code	Transaction ID: 8908840612046196057
	Owatonna	MN	55060	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Federated Insurance	Occupation SVP; Act	n uarial Services	
	Receipt For:		Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)	0 0	000.00	
Э.	Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500			111 30 7 2006
	City	State	Zip Code	Transaction ID: 20061123-21
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer America's Health Insurance	Occupation		7
	Plans	1	of Policy Development	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	, [
	Other (specify)		720.00	
			0 0 0 0 0 0 0	
S	UBTOTAL of Receipts This Page (optional)			5230.00
_	OTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 65 (check only one) X 11a
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC)	
۹.	Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	W		12 15 2006
	City	State	Zip Code	Transaction ID: 20061218-21
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 30.00
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		of Policy Development Year-to-Date ▼ 720.00	
3.	Full Name (Last, First, Middle Initial) Scott Keefer Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500 City	W	Zip Code	Date of Receipt M M
	Washington FEC ID number of contributing federal political committee.	DC C	20004-2601	Amount of Each Receipt this Period 30.00
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		of Policy Development Year-to-Date ▼ 720.00	
- C.	Full Name (Last, First, Middle Initial) Michael Keller			Date of Receipt
Mailing Address 1745 Denmark Place; NE		Ī		12 05 7 2006
	City Owatonna	State MN	Zip Code 55060	Transaction ID: 1982880612046158349 Amount of Each Receipt this Period
Endorated Indurance		C		200.00
			e Project Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			260.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 65
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 17 13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (A	AHIP PAC	·)	
۹.	Full Name (Last, First, Middle Initial) Steven Kessler			Date of Receipt
	Mailing Address 1515 Washington St			12 05 2006
	City	State	Zip Code	Transaction ID: 5404060612046017789
	Cortlandt Manor	NY	10567-7027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Group Health Inc.	Occupation Marketing		
	Receipt For:		e Year-to-Date ▼	1
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Tony Lamb			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N' South Bldg; Ste 500	W		11 30 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20061123-22
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.42
	Name of Employer America's Health Insurance	Occupation	n Political Affairs	
	Plans Receipt For:		Year-to-Date V	-
	Primary General	7.99.094.0		1
	Other (specify) ▼	0 0	250.08	
Э.	Full Name (Last, First, Middle Initial) Tony Lamb			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N' South Bldg; Ste 500	W		12 15 2006
	City	State	Zip Code	Transaction ID: 20061218-22
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.42
	Name of Employer America's Health Insurance	Occupation		
	Plans		Political Affairs	4
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.08	
s	UBTOTAL of Receipts This Page (optional)			270.84
			<u> </u>	
Т	OTAL This Period (last page this line number on	ly)	>	

SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)		Lla a concreta cobodula(a)	FOR LINE NUMBER: PAGE 26 / 65
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
Δ	winformation and them and Cha			13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the na	ame and add	rnot be sold of used by any perso Iress of any political committee to	o solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
	Americas Health Insurance Plans PAC (AHIP PAC)	
A.	Full Name (Last, First, Middle Initial) Tony Lamb			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City State			12 31 2006
			Zip Code	Transaction ID: 20061227-22
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.42
	Name of Employer America's Health Insurance Plans	Occupation Director:	n Political Affairs	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	250.08	1
	Other (specify)	0 0	250.06	
В.	Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	W	M M / D D / Y Y Y Y	
	South Bldg; Ste 500			11 30 2006
	City	State	Zip Code	Transaction ID: 20061123-23
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer America's Health Insurance	Occupation		
	Plans		sident; Medical Affairs	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		672.00	
<u> </u>	Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	W		12 15 2006
	South Bldg; Ste 500 City	State	Zip Code	Transaction ID: 20061218-23
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		28.00
	Name of Employer America's Health Insurance Plans		sident; Medical Affairs	
			Year-to-Date ▼	
			672.00	
	☐ Other (specify) ♥			1
s	UBTOTAL of Receipts This Page (optional)			66.42
			<u> </u>	
T	OTAL This Period (last page this line number or	ıly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 / 65
	•		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	y information copied from such Reports and St.	atements may	not be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Americas Health Insurance Plans PAC	(AHIP PAC	2)	
	Americas ricalin insurance i lans i Ao	(/11111 1 / 10	')	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.				Date of Receipt
	Mailing Address 601 Pennsylvania Ave I	NW		M M / D D / Y Y Y Y
	South Bldg; Ste 500			12 31 2006
	City	State	Zip Code	Transaction ID: 20061227-23
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		28.00
	Todoral political committee.			
	Name of Employer America's Health Insurance	Occupation	n	
	Plans	Vice Pres	sident; Medical Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		672.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 601 Pennsylvania Ave I	٧W		M M / D D / Y Y Y Y
	South Bldg; Ste 500			12 15 2006
	City	State	Zip Code	Transaction ID: 20061218-24
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		20.83
	Name of Employer America's Health Insurance	Occupation		
	Plans .	Director of	of Operations and Claims	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	000.10	1
	Other (specify)		229.13	
_	Full Name (Last, First, Middle Initial)			
C.	Larry Larson			Date of Receipt
	Mailing Address 601 Pennsylvania Ave I	٧W		M M / D D / Y Y Y Y
	South Bldg; Ste 500			12 31 2006
	City	State	Zip Code	Transaction ID: 20061227-24
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing	С		20.83
	federal political committee.			20.00
	Name of Employer	Occupation	2	_
	Name of Employer America's Health Insurance		of Operations and Claims	
	Plans Pagaint For:		•	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	229.13	
	Unler (specify)	0 0		J.
_				_L
				69.66
S	UBTOTAL of Receipts This Page (optional)		······································	03.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 65 (check only one) X 11a 11b 11c 12 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			n for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC	·)	
Α.	Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500		7:a Cada	11 30 7 2006
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20061123-25 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer America's Health Insurance Plans		nter for Health Policy & Rese	ar
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	
В.	Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500			12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20061218-25 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer America's Health Insurance Plans	Occupation SVP; Cer	n nter for Health Policy & Rese	ar
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500			12 31 2006
	City	State	Zip Code	Transaction ID: 20061227-25
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer America's Health Insurance Plans	1	nter for Health Policy & Rese	ar
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00	
	URTOTAL of Receipts This Page (ontional)		_	375.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC	;)	
Α.	Full Name (Last, First, Middle Initial) Dan Leonard Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State DC C Occupation Executive	Zip Code 20004-2601 n e VP; Advocacy & Profession e Year-to-Date ▼ 4999.92	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Dan Leonard Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Executive	Zip Code 20004-2601 n e VP; Advocacy & Profession e Year-to-Date ▼ 4999.92	Date of Receipt M M
Э.	Full Name (Last, First, Middle Initial) Dan Leonard Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Executive	Zip Code 20004-2601 n e VP; Advocacy & Profession e Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)		>	624.99
т	OTAL This Period (last page this line number on	lv)	.	

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 65 (check only one) X 11a 11b 11c 12 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	AHIP PAC	;)	
Α.	Full Name (Last, First, Middle Initial) Joe Lessen Mailing Address 601 Pennsylvania Ave N' South Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	State DC C Occupation Director (Zip Code 20004-2601 n of Special Projects; Federal e Year-to-Date ▼	Date of Receipt M M M / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼		1250.04	
3.	Full Name (Last, First, Middle Initial) Joe Lessen Mailing Address 601 Pennsylvania Ave N' South Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Director (Zip Code 20004-2601 n of Special Projects; Federal e Year-to-Date ▼ 1250.04	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Full Name (Last, First, Middle Initial) Joe Lessen Mailing Address 601 Pennsylvania Ave N' South Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Director (Zip Code 20004-2601 of Special Projects; Federal e Year-to-Date ▼ 1250.04	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		_	125.01
т	OTAL This Period (last page this line number on	lv)	.	

_	011ED111 E 4 /EE0 E 01/1			FOR LINE NUMBER: PAGE 31 / 65
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)
		or each category of the		
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stator for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	Americas Health Insurance Plans PAC	(AHIP PAC	5)	
Α.	Full Name (Last, First, Middle Initial) Maria Lopes			Date of Receipt
	Mailing Address 65 Auryansen Ct			12 05 2006
	City	State	Zip Code	Transaction ID: 0547000612046048880
	Closter	NJ	07624-2847	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Group Health Inc.	Occupation Chief Me	n dical Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0		
— В.	Full Name (Last, First, Middle Initial) Debi Manning			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	M M / D D / Y Y Y Y		
	South Bldg; Ste 500	11 30 2006		
	City	State	Zip Code	Transaction ID: 20061123-29
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer America's Health Insurance	Occupation	n	7
	Plans	Director of	of Human Resources	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	240.00	1
	Other (specify)		240.00	J
— С.	Full Name (Last, First, Middle Initial) Debi Manning			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	١W		12 15 2006
	City	State	Zip Code	Transaction ID: 20061218-29
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer America's Health Insurance Plans		of Human Resources	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		240.00	1
	Other (specify)		240.00	1
_				
				280.00
S	UBTOTAL of Receipts This Page (optional)			200.00
				-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 65 (check only one) X 11a 11b 11c 12 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC)	
۹.	Full Name (Last, First, Middle Initial) Debi Manning			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	W		12 31 2006
	City	State	Zip Code	Transaction ID: 20061227-29
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 15.00
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		of Human Resources Year-to-Date ▼ 240.00	
3.	Full Name (Last, First, Middle Initial) llene Margolin Mailing Address 441 9th Ave			Date of Receipt 1 2 0 5 2 0 0 6
	City New York FEC ID number of contributing	State NY	Zip Code 10001-1623	Transaction ID: 8907790612045873633 Amount of Each Receipt this Period
	federal political committee. Name of Employer Group Health Incorporated	Occupation Sonior Vi	n ce President; Corporate Affa	250.00
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
).	Full Name (Last, First, Middle Initial) William Mastro			Date of Receipt
Mailing Address 441 9th Ave				1 2 0 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City New York	State NY	Zip Code 10001-1642	Transaction ID: 3394210612045881666 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
Croup Hoolth Incorporated		Occupation Sr. Vice F	n President - Legal	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			515.00
	·			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 33/65	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 13 14	11c 12 15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	on for the purpose of solic solicit contributions from	iting contributions such committee.		
	NAME OF COMMITTEE (In Full)		,,		
\geq	Americas Health Insurance Plans PAC	(AHIP PAC	;)		
A.	Full Name (Last, First, Middle Initial) Robert Menkes			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave South Bldg; Ste 500	NVV		11 30	
	City	State	Zip Code	Transaction ID: 20	0061123-32
	Washington	DC	20004-2601	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			10.42
	Name of Employer America's Health Insurance	Occupation	n sident; Strategic Planning		
	Plans Receipt For:		e Year-to-Date V		
	Primary General	33 0		1	
	Other (specify) ▼	0 0	875.04		
В.	Full Name (Last, First, Middle Initial) Robert Menkes			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500			12 / 15	
	City	State	Zip Code	Transaction ID: 20	0061218-32
	Washington	DC	20004-2601	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	С			10.42
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident; Strategic Planning		
	Receipt For:	-	e Year-to-Date ▼		
	Primary General		875.04	1	
	Other (specify) ▼		673.04	1	
<u>с</u> .	Full Name (Last, First, Middle Initial) Robert Menkes			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave South Bldg; Ste 500	NW		12 / 31	2006
	City	State	Zip Code	Transaction ID: 20	0061227-32
	Washington	DC	20004-2601	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			10.42
	Name of Employer America's Health Insurance	Occupation			
	Plans		sident; Strategic Planning		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		875.04		
	UBTOTAL of Receipts This Page (optional)				31.26
\vdash	ODI OTAL OF NECERPLS THIS Page (OPHOHAI)				

			<u>-</u>		
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 65	
			or each category of the	(check only one)	
			Detailed Summary Page	X 11a 11b 11c 12	
			13 14 15 16 17		
or	y information copied from such Reports and Star for commercial purposes, other than using the na	n for the purpose of soliciting contributions solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)				
	Americas Health Insurance Plans PAC (AHIP PAC	3)		
Α.	Full Name (Last, First, Middle Initial) Anthony Meoni			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	IW		M M M / D D / Y Y Y Y 1 1 3 0	
	City	State	Zip Code	Transaction ID: 20061123-33	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		10.50	
	Name of Employer America's Health Insurance Plans Receipt For:		n e Director Information Techno e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	252.00		
В.	Full Name (Last, First, Middle Initial) Anthony Meoni			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	1 2 1 5 2 0 0 6			
	City	State	Zip Code	Transaction ID: 20061218-33	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		10.50	
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	1	n e Director Information Techno e Year-to-Date ▼ 252.00	ol Ol	
<u> </u>	Full Name (Last, First, Middle Initial) Anthony Meoni			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	IW		1 2 3 1 2 0 0 6	
	City	State	Zip Code	Transaction ID: 20061227-33	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		10.50	
	Name of Employer America's Health Insurance Plans				
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		252.00		
s	UBTOTAL of Receipts This Page (optional))	31.50	
\vdash					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 65
ITEMIZED RECEIPTS			or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111	
$ \rangle$	Americas Health Insurance Plans PAC		4)	
	7 mondo Fidam modranco Fidalo Fixo	(711111 1 710	7	
_	Full Name (Last, First, Middle Initial)			
Α.	Thomas Meyers			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	1W		11 30 2006
	City	State	Zip Code	Transaction ID: 20061123-34
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	•		2000+2001	Amount of Lacif Receipt this Feriod
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer America's Health Insurance	Occupation		
	Plans		Director Product Policy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	480.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y
	South Bldg; Ste 500	01-1-	7'- 0-4-	12 15 2006
	City	State	Zip Code	Transaction ID: 20061218-34
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer America's Health Insurance	Occupation		
	Plans		e Director Product Policy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		480.00	
	Other (Specify)		0 0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial)			
C.	Thomas Meyers			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	1W		12 31 2006
	City	State	Zip Code	Transaction ID: 20061227-34
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		20.00
	Name of Employer	Occupation	<u> </u>	4
	America's Health Insurance		Director Product Policy	
	Plans Receipt For:	+	Year-to-Date ▼	-
	Primary General	33 13		
	Other (specify)	1	480.00	
	<u> </u>			<u>'</u>
s	UBTOTAL of Receipts This Page (optional)			60.00
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 36 / 65
•			Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	1 1 .	ame and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	/ALUD DAG		
\angle	Americas Health Insurance Plans PAC	(AHIP PAC	5)	
Α.	Full Name (Last, First, Middle Initial) Martin Mitchell			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg Ste 500	1W		11 30 2006
	City	State	Zip Code	Transaction ID: 20061123-37
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		20.83
	Name of Employer America's Health Insurance	Occupation		7
	Plans		Director; Sate Advocacy	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)	' '	499.92	
	caller (epeciny) 🔻	0 0	1 1 1 1 1 1 1	
В.	Full Name (Last, First, Middle Initial) Martin Mitchell			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	JW		M M / D D / Y Y Y Y
	South Bldg Ste 500			12 15 2006
	City	State	Zip Code	Transaction ID: 20061218-37
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing	C		20.83
	federal political committee.	C		20.00
	Name of Employer	Occupation	1	7
	America's Health Insurance Plans	Regional	Director; Sate Advocacy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		499.92	
	Other (specify)		T00.02	
_	Full Name (Last, First, Middle Initial)			2. (2.)
C.	Martin Mitchell Mailing Address 601 Pennsylvania Ave N	1\\\		Date of Receipt
	South Bldg Ste 500	100		12 31 2006
	City	State	Zip Code	Transaction ID: 20061227-37
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing	C		20.83
	federal political committee.			
	Name of Employer America's Health Insurance	Occupation		
	Plans Receipt For: Aggi		Director; Sate Advocacy	_
			e Year-to-Date ▼	
	Primary General Other (specify)	' '	499.92	
	Callot (opoolity)			1
Г	L			
s	UBTOTAL of Receipts This Page (optional)			62.49
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				FOR LINE NUMBER: PAGE 37 / 65					
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS			or each category of the						
TI EMIZED RECEIT TO			Detailed Summary Page	X 11a 11b 11c 12					
				13 14 15 16 17					
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any personal trace of any pelitical committee to	on for the purpose of soliciting contributions					
Or	for commercial purposes, other than using the r	iame and add	dress of any political committee to) Solicit contributions from Such committee.					
	NAME OF COMMITTEE (In Full)								
	Americas Health Insurance Plans PAC	(AHIP PAC	5)						
Α.	Full Name (Last, First, Middle Initial) Thomas Nemeth			Date of Receipt					
	Mailing Address 441 9th Ave 8TH Floor			12 05 7 9 9 9					
	City	State	Zip Code	Transaction ID: 9630210612046026875					
	New York	NY	10001-1601	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Group Health Inc.	Occupation SVP	1						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	1 1		7					
	Other (specify) ▼	1	250.00						
				-					
В.	Full Name (Last, First, Middle Initial) Michael Palmateer			Date of Receipt					
	Mailing Address 114 Sylvania Ave			M M / D D / Y Y Y Y					
				12 05 2006					
	City	State	Zip Code	Transaction ID: 3915870612046074513					
	Avon by the Sean	NY	07717	Amount of Each Receipt this Period					
	FEC ID number of contributing			050.00					
	federal political committee.	C		250.00					
		-		_					
	Name of Employer Group Health Inc.	Occupation	า						
	·	SVP							
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General	1	250.00	1					
	Other (specify) ▼		200.00	1					
	Full Name (Last, First, Middle Initial)								
C.	Betsy Pelovitz			Date of Receipt					
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	١W		11 30 7 9 9 9					
	City	State	Zip Code	Transaction ID: 20061123-38					
	Washington	DC	20004-2601	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		41.67					
	Name of Employer	Occupation	 1	\dashv					
	Name of Employer America's Health Insurance		vocacy Regional Director						
	Plans Receipt For:		Year-to-Date V	\dashv					
	Primary General	, wy cyale	Tour to Dute ¥	-					
	Other (specify)		1000.08						
	Strict (opcony)			1					
1				E41 67					
s	UBTOTAL of Receipts This Page (optional)			541.67					
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 65						
ıŦ	EMIZED RECEIPTS		or each category of the	(check only one)					
II EIVIIZED NEGEIF I 3			Detailed Summary Page	X 11a 11b 11c 12					
				13 14 15 16 17					
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)								
$ \rangle$	Americas Health Insurance Plans PAC (AHIP PAC	;)						
<u> </u>	Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt					
	Mailing Address 601 Pennsylvania Ave N South Bldg: Ste 500	IW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: 20061218-38					
	Washington	DC	20004-2601	Amount of Each Receipt this Period					
			2000+ 2001	Amount of Each Heceipt this Feriod					
	FEC ID number of contributing federal political committee.	C		41.67					
	Name of Employer	Occupation	n						
	America's Health Insurance Plans	State Ad	vocacy Regional Director						
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General		1000.08						
	Other (specify) ▼	0 0	1000.08						
— В.	Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt					
	Mailing Address 601 Pennsylvania Ave N	IW		M M / D D / Y Y Y Y					
	South Bldg; Ste 500			12 31 2006					
	City	State	Zip Code	Transaction ID: 20061227-38					
	Washington	DC	20004-2601	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		41.67					
	Name of Employer	Occupation	n	7					
	Name of Employer America's Health Insurance Plans		vocacy Regional Director						
	Receipt For:		e Year-to-Date ▼						
	Primary General	00 0		1					
	Other (specify) ▼		1000.08						
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Possist					
U.	Susan Pisano Mailing Address 601 Pennsylvania Ave N	1\A/		Date of Receipt					
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	IVV		11 30 2006					
	City	State	Zip Code	Transaction ID: 20061123-39					
	Washington	DC	20004-2601	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		104.16					
	Name of Employer America's Health Insurance Plans Occu Vice		n	7					
			sident Strategic Communicat	tion					
	Receipt For:		e Year-to-Date ▼	7					
	Primary General			1					
	Other (specify) ▼		2499.84						
				100					
s	UBTOTAL of Receipts This Page (optional)			187.50					
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)			UMBEF	₹: F	PAGE	39 / 6	5
ITEMIZED RECEIPTS			or each category of the	I `──	ck only o	¬ ´	_	_	_	
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					13	14	1:	_	16	17
or	ly information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	n for th solicit	e purpos contribut	se of sol tions fro	nciting m sucl	contri h com	ibutions imittee.	3
abla	NAME OF COMMITTEE (In Full)									
\rangle	Americas Health Insurance Plans PAC	(AHIP PAC	;)							
Α.	Full Name (Last, First, Middle Initial) Susan Pisano				ate of R	eceipt				
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	١W			1 2	/ D 1	5 /		2 0 0	
	City	State	Zip Code	Ti	ansacti	on ID:	2006 ⁻	1218-	-39	
	Washington	DC	20004-2601		mount c	of Each I	Receip	ot this	Period	
	FEC ID number of contributing federal political committee.	C							104.1	6
	Name of Employer America's Health Insurance	Occupation	n							
	America's Health Insurance Plans	Vice Pres	sident Strategic Communicat	ion						
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General		2499.84							
	Other (specify) 🔻	0 0	2499.04	1						
В.	Full Name (Last, First, Middle Initial) Susan Pisano			С	ate of R	eceipt				
	Mailing Address 601 Pennsylvania Ave N	1W		Г	ММ		D /		YY	
	South Bldg; Ste 500			_ L	12	3			200	6
	City	State	Zip Code			on ID:				
	Washington	DC	20004-2601	-	mount c	of Each I	Receip	ot this	Period	
	FEC ID number of contributing federal political committee.	C							104.1	6
	Name of Employer	Occupation	 n	-						
	Name of Employer America's Health Insurance Plans	1 '	sident Strategic Communicat	ion						
	Receipt For:		e Year-to-Date ▼							
	Primary General		0400.04							
	Other (specify) ▼	0 0	2499.84							
<u> </u>	Full Name (Last, First, Middle Initial) Jennifer Rak				ate of R	eceipt				
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	١W		Γ	м м 1 1	•			2 0 0	
	City	State	Zip Code	Т	ansacti	on ID:	2006	1123-	-40	
	Washington	DC	20004-2601			of Each I				
	FEC ID number of contributing federal political committee.	C							20.8	33
	Name of Employer America's Health Insurance	Occupation Director	n							
	Plans Receipt For:		e Year-to-Date ▼	\dashv						
	Primary General	Aggregate	Frear-to-Date V							
	Other (specify)		249.96							
Г				Г					220 1	<u> </u>
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	. L			-	•	229.1	5

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 40 / 65
-			Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	/ALUD DAG	,	
\angle	Americas Health Insurance Plans PAC	(AHIP PAC		
A.	Full Name (Last, First, Middle Initial) Jennifer Rak			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	١W		12 15 2006
	City	State	Zip Code	Transaction ID: 20061218-40
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		20.83
	Name of Employer America's Health Insurance	Occupation Director	1	
	Plans Receipt For:	1	Year-to-Date ▼	
	Primary General	33 15		1
	Other (specify) ▼	1	249.96	
В.	Full Name (Last, First, Middle Initial) Jennifer Rak			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y
	South Bldg; Ste 500			12 31 2006
	City	State	Zip Code	Transaction ID: 20061227-40
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance	Occupation	1	
	Plans Pagaint For:	Director	Voor to Dato	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)		249.96	
			0 0 0 0 0 0 0	1
<u> </u>	Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y
	South Bldg; Ste 500			11 30 2006
	City	State	Zip Code	Transaction ID: 20061123-41
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer	Occupation		
	Name of Employer America's Health Insurance		ident; State Advocacy	
	Plans Receipt For:		Year-to-Date V	_
	Primary General	riggregate	Total to Duto ¥	1
	Other (specify)		1999.92	
			0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)		_	124.99
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S	CHEDULE A (FEC Form 3X)		l la a anavata a abadula(a)	FOR LINE NUMBER: PAGE 41 / 65
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
•	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Stator for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (AHIP PAC	5)	
۹.	Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500			12 15 2006
	City	State	Zip Code	Transaction ID: 20061218-41
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident; State Advocacy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1999.92	
 3.	Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	IW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20061227-41
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident; State Advocacy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1999.92	
 C.	Full Name (Last, First, Middle Initial) Ingrid Reeves			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	IW		11 30 7 2006
	City	State	Zip Code	Transaction ID: 20061123-42
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		11.00
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director of Membership	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		264.00	
s	UBTOTAL of Receipts This Page (optional)			177.66
т.	OTAL This Period (last page this line number or	nlv)		
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 42 / 65
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (AHIP PAC	()	
۹.	Full Name (Last, First, Middle Initial) Ingrid Reeves			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500			12 15 2006
	City	State	Zip Code	Transaction ID: 20061218-42
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		11.00
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director of Membership	
	Receipt For:		e Year-to-Date ▼	
	Primary General		264.00	
	Other (specify)	0 0	204.00	
3.	Full Name (Last, First, Middle Initial) Ingrid Reeves			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	W		12 31 7 2006
	City	State	Zip Code	Transaction ID: 20061227-42
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		11.00
	Name of Employer America's Health Insurance	Occupation	n	
	Plans		e Director of Membership	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		264.00	
	Full Name (Last, First, Middle Initial) Bob Rehm			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	W		M M / D D / Y Y Y Y
	South Bldg; Ste 500			11 30 2006
	City	State	Zip Code	Transaction ID: 20061123-43
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.83
	Name of Employer	Occupation	n	7
	America's Health Insurance Plans		sident; Public Health & Clinic	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		354.18	
	Other (specify)		0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			42.83
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)		(check only one)								
ΙT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12									
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An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for t solicit	he purp contrib	ose o	f sol	icitir m su	ng co	ontrib comm	utions nittee.		
abla	NAME OF COMMITTEE (In Full)												П
\rangle	Americas Health Insurance Plans PAC (A	AHIP PAC)										
A.	Full Name (Last, First, Middle Initial) Bob Rehm				Date of	Rece	pt						
	Mailing Address 601 Pennsylvania Ave NV South Bldg; Ste 500	W			м м 12	/ [1	5	Y		0 0		
	City	State	Zip Code	Т	ransac	tion l	D: 2	200	612	218-4	13		
	Washington	DC	20004-2601		Amount	of Ea	ıch F	Rece	eipt t	this P	eriod		
	FEC ID number of contributing federal political committee.	С							_		20.8	3	
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident; Public Health & Clinic										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	1 1	354.18	1									
	Other (specify) ▼		334.16										
В.	Full Name (Last, First, Middle Initial) Bob Rehm				Date of	Rece	pt						
	Mailing Address 601 Pennsylvania Ave NV South Bldg; Ste 500	NW			1 2 3 1 2 0 0 6								
	City	State	Zip Code	Т	ransac	tion l	D: 2	200	612	27-4	13		
	Washington	DC	20004-2601		Amount	of Ea	ich F	Rece	eipt t	this P	eriod		
	FEC ID number of contributing federal political committee.	C									20.8	3	
	Name of Employer America's Health Insurance	Occupation	1										
	America's Health Insurance Plans	Vice Pres	sident; Public Health & Clinic	;									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		354.18										
_	Full Name (Last, First, Middle Initial)												_
C.	Richard Richiski			- '	Date of								
	Mailing Address One Liberty Plaza; 31st F	-loor			1 2		0	5 /	Y		0 0		
	City	State	Zip Code		ransac	tion l	D: {	532	615	070	1084	34771	9
	New York	NY	10006-1404		Amount	of Ea	ich F	Rece	eipt t	this P	eriod		
	FEC ID number of contributing federal political committee.	С							_	10	0.00	0	
	Name of Employer Zurich North America	Occupation Executive	n e Vice President; COO Speci	alt									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	' '	3000.00										
	Other (specify) ▼												
s	UBTOTAL of Receipts This Page (optional)		·····	.		-	•	•	_	10	41.6	6	

SCHEDULE A (FEC Form 3X)			Llan apparata aphadula(a)	FOR LINE NUMBER: PAGE 44 / 65	
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	
11	EINIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12	
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An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				\neg
\rangle	Americas Health Insurance Plans PAC (A	AHIP PAC)		
۹.	Full Name (Last, First, Middle Initial) Sue Rohan			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave NV South Bldg; Ste 500	N		11 30 7 9 9 9	
	City	State	Zip Code	Transaction ID: 20061123-44	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		83.33	
	Name of Employer America's Health Insurance	Occupation		1	
	Plans	Vice Pres		_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify) ▼		916.63		
3.	Full Name (Last, First, Middle Initial) Sue Rohan			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N\ South Bldg; Ste 500	N		1 2 1 5 2 0 0 6	
	City	State	Zip Code	Transaction ID: 20061218-44	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		83.33	
	Name of Employer America's Health Insurance	Occupation Vice Pres			
	Plans Receipt For:		Year-to-Date ▼	-	
	Primary General Other (specify) ▼	riggregate	916.63		
 C.	Full Name (Last, First, Middle Initial) Sue Rohan			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave NV South Bldg; Ste 500	N		12 31 YYYYY 12 31 2006	
	City	State	Zip Code	Transaction ID: 20061227-44	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		83.33	
	Name of Employer America's Health Insurance	Occupation Vice Pres			
	Plans Receipt For:		Year-to-Date ▼	1	
	Primary General Other (specify) ▼		916.63		
S	UBTOTAL of Receipts This Page (optional)		·····	249.99]
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 45 / 65				
,			Use separate schedule(s) or each category of the	(check only one)				
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12				
			z otalioù zalililar y i ago	13 14 15 16 17				
Ar	y information copied from such Reports and Si	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.				
\setminus	NAME OF COMMITTEE (In Full)							
	Americas Health Insurance Plans PAC	(AHIP PAC	()					
Α.	Full Name (Last, First, Middle Initial) Aran Ron			Date of Receipt				
	Mailing Address 1012 Constable Dr			12 05 7 9 9 9				
	City	State	Zip Code	Transaction ID: 9244500612045973938				
	Mamaroneck	NY	10543-4702	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		400.00				
	Name of Employer Group Health Inc.	Occupation SVP	1					
	Receipt For:	Aggregate	Year-to-Date ▼	7				
	Primary General	00 0		1				
	Other (specify) ▼		400.00					
				1				
В.	Full Name (Last, First, Middle Initial) Mark Scharmer			Date of Receipt				
	Mailing Address 17683 Kingswood Circ	е		12 05 YYYYY 12006				
	City	State	Zip Code	Transaction ID: 2263460612046172422				
	Lakeville	MN	55044	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		200.00				
	Name of Employer Federated Insurance	Occupation	n e Vice-President					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General	00 0		1				
	Other (specify) ▼		300.00					
<u> </u>	Full Name (Last, First, Middle Initial) Lisa Shreve			Date of Receipt				
	Mailing Address 12149 Darnley Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 20061123-45				
	Woodbridge	VA	22192-6615	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		10.42				
	Name of Employer America's Health Insurance	Occupation	า	7				
	America's Healfh Insurance Plans		sident; Professional Program	s				
	Receipt For:		Year-to-Date ▼					
	Primary General		250.00	1				
	Other (specify)		250.08					
s	UBTOTAL of Receipts This Page (optional)			610.42				
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COLLEDING A (FEO Forms OV)				FOR LINE NUMBER: PAGE 46 / 65					
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12					
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
Δ,	ny information copied from such Reports and Sta	atomonto mo	y not be cold or used by any norse						
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.					
\setminus	NAME OF COMMITTEE (In Full)								
\rangle	Americas Health Insurance Plans PAC	(AHIP PAC	5)						
Α.	Full Name (Last, First, Middle Initial) Lisa Shreve			Date of Receipt					
	Mailing Address 12149 Darnley Rd			12 15 2006					
	City	State	Zip Code	Transaction ID: 20061218-45					
	Woodbridge	VA	22192-6615	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		10.42					
	Name of Employer America's Healfh Insurance Plans Receipt For: Primary General Other (specify)		n sident; Professional Program Year-to-Date ▼ 250.08	ns]					
<u> </u>	Full Name (Last, First, Middle Initial) Lisa Shreve			Date of Receipt					
	Mailing Address 12149 Darnley Rd			12 31 2006					
	City	State	Zip Code	Transaction ID: 20061227-45					
	Woodbridge	VA	22192-6615	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		10.42					
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		n sident; Professional Program Year-to-Date ▼ 250.08	ns					
<u> </u>	Full Name (Last, First, Middle Initial) Patricia Smith			Date of Receipt					
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	٧W		1 1 3 0 2 0 0 6					
	City	State	Zip Code	Transaction ID: 20061123-46					
	Washington	DC	20004-2601	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		83.33					
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Vice Pres Aggregate							
s	UBTOTAL of Receipts This Page (optional)			104.17					
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 65	_	
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17	7	
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions	_
7	NAME OF COMMITTEE (In Full)		are or any point and committee to	30.01.00.00.00.00.00.00.00.00.00.00.00.00	-
\rangle	Americas Health Insurance Plans PAC	(AHIP PAC	;)		
Α.	Full Name (Last, First, Middle Initial) Patricia Smith			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500			1 2 1 5 2 0 0 6	
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20061218-46	
	FEC ID number of contributing federal political committee.	C	20004-2001	Amount of Each Receipt this Period 83.33	
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 916.63		
В.	Full Name (Last, First, Middle Initial) Raymond Stawarz Mailing Address 70 Oakview Place			Date of Receipt	_
	ivialing Address 70 Oakview Flace			12 05 2006	
	City	State	Zip Code	Transaction ID: 516047061204621679	7
	Owatonna	MN	55060	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		200.00	
	Name of Employer Federated Insurance Co.	Occupation SVP	n		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00		
<u>с</u> .	Full Name (Last, First, Middle Initial) Charles Stellar			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	٧W		11 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 20061123-47	_
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		86.96	
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Vice President		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	2000.00		
s	UBTOTAL of Receipts This Page (optional)			370.29	_
Т	OTAL This Period (last page this line number o	nly))		

SCHEDULE A (FEC Form 3X)

TOTAL This Period (last page this line number only)

PAGE 48 / 65 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 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) Full Name (Last, First, Middle Initial) Date of Receipt Charles Stellar Mailing Address 601 Pennsylvania Ave NW 15 2006 12 South Bldg; Ste 500 Zip Code City State Transaction ID: 20061218-47 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 86.96 C federal political committee. Name of Employer America's Health Insurance Occupation **Executive Vice President Plans** Aggregate Year-to-Date ▼ Receipt For: Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Ave NW 31 2006 South Bldg; Ste 500 City State Zip Code Transaction ID: 20061227-47 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing C 86.88 federal political committee. Name of Employer America's Health Insurance Occupation **Executive Vice President** <u>Plans</u> Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) C. Gregroy Stroik Date of Receipt Mailing Address 918 St. Andrews Place 12 05 2006 Citv State Zip Code Transaction ID: 9080760612046210747 Owatonna MN 55060 Amount of Each Receipt this Period FEC ID number of contributing 200.00 C federal political committee. Name of Employer Federated Insurance Co. Occupation **SVP** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 373.84 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 65 (check only one)				
ITEMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12				
		Detailed Summary Page	13 14 15 16 17				
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
Americas Health Insurance Plans PAC	C (AHIP PAC	5)					
Full Name (Last, First, Middle Initial) A. Scott Styles			Date of Receipt				
Mailing Address 601 Pennsylvania Ave South Building; Ste 50			1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID: 20061123-48				
Washington	DC	20004-2601	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		204.35				
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		vernment Affairs Year-to-Date 4904.40					
Full Name (Last, First, Middle Initial) Scott Styles			Date of Receipt				
Mailing Address 601 Pennsylvania Ave South Building; Ste 50			12 15 2006				
City	State	Zip Code	Transaction ID: 20061218-48				
Washington	DC	20004-2601	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		204.35				
Name of Employer America's Health Insurance	Occupation						
<u>Plans</u> Receipt For:		vernment Affairs e Year-to-Date	_				
Primary General Other (specify) ▼	Aggregate	4904.40					
Full Name (Last, First, Middle Initial) C. Scott Styles			Date of Receipt				
Mailing Address 601 Pennsylvania Ave South Building; Ste 50			12 31 7 2006				
City	State	Zip Code	Transaction ID: 20061227-48				
Washington	DC	20004-2601	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		204.35				
Name of Employer America's Health Insurance	Occupation						
Plans Receipt For:		vernment Affairs • Year-to-Date ▼	-				
Primary General Other (specify) ▼	Aggregate	4904.40					
SUBTOTAL of Receipts This Page (optional)	1		613.05				
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50	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
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• •			Detailed Summary Page	X 11a 11b 11c 12
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An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Americas Health Insurance Plans PAC (AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Jeanette Thornton			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	W		12 31 2006
	City	State	Zip Code	Transaction ID: 20061227-49
	Washington	DC	20004-2601	Amount of Each Receipt this Period
				7 till dank of Edon Floodipt till of Groot
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans	Occupation Director;	n Health Informatics	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		208.30	
			0 0 0 0 0 0 0	
— В.	Full Name (Last, First, Middle Initial) Jonathan Tilton			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	W		M M / D D / Y Y Y Y
	South Bldg; Ste 500	••		11 30 2006
	City	State	Zip Code	Transaction ID: 20061123-50
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	•		2000 1 200 1	Amount of Each receipt this remod
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer	Occupation	1	
	America's Health Insurance Plans	Deputy D	irector; Strategic Communic	ea t i
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify)		499.92	
				4
<u> </u>	Full Name (Last, First, Middle Initial) Jonathan Tilton			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	\/\		M M / D D / Y Y Y Y
	South Bldg; Ste 500	vv		12 15 2006
	City	State	Zip Code	Transaction ID: 20061218-50
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		20.83
	Name of Employer	Occupation	1	
	America's Health Insurance Plans	Deputy D	irector; Strategic Communic	ea f i
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify)		499.92	
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\Box				
_				62.49
S	JBTOTAL of Receipts This Page (optional)		······	OL.TO

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 65 (check only one) X 11a 11b 11c 12
Ar	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
$\frac{}{}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (oonor contributions from each committee.
Α.	Full Name (Last, First, Middle Initial) Jonathan Tilton Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Deputy D	Zip Code 20004-2601 n Director; Strategic Communic e Year-to-Date ▼ 499.92	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Marybeth Tita Mailing Address 16 Austin Lane City Huntington FEC ID number of contributing federal political committee. Name of Employer Group Health Inc. Receipt For: Primary General Other (specify)		Zip Code 11743 n ice President e Year-to-Date ▼ 250.00	Date of Receipt M
D.	Full Name (Last, First, Middle Initial) Michael Tuffin Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Senior Vi	Zip Code 20004-2601 n ice President of Strategic Co e Year-to-Date ▼ 1500.00	Date of Receipt M M M / 30 / 2006 Transaction ID: 20061123-52 Amount of Each Receipt this Period 125.00
s	UBTOTAL of Receipts This Page (optional)		·····	395.83
T	OTAL This Period (last page this line number or	ılv)		

COUEDING A /FEC Form 2V)				FOR LINE NUMBER: PAGE 52 / 65
2	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	
•			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	IW		12 / 15 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20061218-52
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer America's Health Insurance Plans		ce President of Strategic Co	m
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	1500.00	
	Cirici (Specify)	0 0	0 0 0 0 0 0 0	
— В.	Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	IW		M M / D D / Y Y Y Y
	South Bldg; Ste 500			12 31 2006
	City	State	Zip Code	Transaction ID: 20061227-52
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ce President of Strategic Co	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	1 1		
	Other (specify) ▼		1500.00	
C.	Full Name (Last, First, Middle Initial) Rod Turner			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	IW		11 30 7 2006
	City	State	Zip Code	Transaction ID: 20061123-53
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans	Occupation VP; Prod	n uct Policy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	1000.00	
	Other (specify) ▼		1999.92	
	<u>.</u>			
s	UBTOTAL of Receipts This Page (optional)		_	333.33
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 53 / 65
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Americas Health Insurance Plans PAC	(AHIP PAC	2)	
	Americas ricalin insurance rians i Ao	(/11111 1 / 10	')	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	, , , , , , , , , , , , , , , , , , , ,			Date of Receipt
	Mailing Address 601 Pennsylvania Ave	NW		M M / D D / Y Y Y Y
	South Bldg; Ste 500			12 15 2006
	City	State	Zip Code	Transaction ID: 20061218-53
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		83.33
	Name of Employer America's Health Insurance	Occupation		
	Plans		uct Policy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1999.92	
	Other (specify) ▼		1999.92	
_	Full Name (Last, First, Middle Initial)			B . (B
В.				Date of Receipt
	Mailing Address 601 Pennsylvania Ave	NW		12 31 2006
	South Bldg; Ste 500	C1-1-	7:- Onda	
	City	State	Zip Code	Transaction ID: 20061227-53
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing	С		83.33
	federal political committee.			
	Name of Employer	Occupation	n	_
	America's Health Insurance Plans		uct Policy	
	Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		1999.92	
				1
_	Full Name (Last, First, Middle Initial)			
C.	Mark Van Koevering			Date of Receipt
	Mailing Address 107 Chocolay Downs G	olf Dr		M M / D D / Y Y Y Y
				11 30 2006
	City	State	Zip Code	Transaction ID: 20061123-54
	Marquette	MI	49855-9542	Amount of Each Receipt this Period
	FEC ID number of contributing	<u></u>		45.00
	federal political committee.	C		45.00
	Name of Employer	Occupation	<u> </u>	\dashv
	Name of Employer America's Health Insurance		irector; Federal Legislative <i>I</i>	<u>, </u>
	Plans Receipt For:		e Year-to-Date V	
	Primary General	Aggregate	, rear-to-Date ▼	,
	Other (specify)		1080.00	
	Other (Specify) \			1
_	UDTOTAL (D. 11 THE D. 11 THE			211.66
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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 65		
TEMIZED RECEIPTS	or each category of the	(check only one)		
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		13 14 15 16 17		
Any information copied from such Reports and Statemor for commercial purposes, other than using the name	ents may not be sold or used by any person and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)				
Americas Health Insurance Plans PAC (AH	IP PAC)			
Full Name (Last, First, Middle Initial) A. Mark Van Koevering		Date of Receipt		
Mailing Address 107 Chocolay Downs Golf I)r	1 2 1 5 2 0 0 6		
City	State Zip Code	Transaction ID: 20061218-54		
·	MI 49855-9542	Amount of Each Receipt this Period		
	VII 10000 00 IE	Amount of Each recorpt this remod		
FEC ID number of contributing federal political committee.		45.00		
Name of Employer Oc	ccupation			
America's Health Insurance Plans Delication	eputy Director; Federal Legislative A			
	ggregate Year-to-Date ▼			
Primary General				
Other (specify) ▼	1080.00			
Full Name (Last, First, Middle Initial) 3. Mark Van Koevering		Date of Receipt		
Mailing Address 107 Chocolay Downs Golf [-			
5 cc.a, 20c d.c	12 31 2006			
City	State Zip Code	Transaction ID: 20061227-54		
Marguette I	MI 49855-9542	Amount of Each Receipt this Period		
FEC ID number of contributing				
federal political committee.		45.00		
Name of Employer America's Health Insurance	ecupation			
Plans De Die Plans	eputy Director; Federal Legislative A			
Receipt For: A	ggregate Year-to-Date ▼			
Primary General	1000.00			
Other (specify) ▼	1080.00			
Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt		
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		111 7 30 7 2006		
•	State Zip Code	Transaction ID: 20061123-55		
<u>Washington</u> I	OC 20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		31.25		
Name of Employer America's Health Insurance	ccupation	1		
America's Health Insurance Plans Do	eputy Director; State Publications			
. 10.10	ggregate Year-to-Date ▼	1		
Primary General				
Other (specify) ▼	375.00			
SUPPORAL of Propriets This Page (entional)		121.25		
SUBTOTAL of Receipts This Page (optional)	·····			

PAGE 55/65 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 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) Full Name (Last, First, Middle Initial) Date of Receipt A. Daniel Vigil Mailing Address 601 Pennsylvania Ave NW 15 12 2006 South Bldg; Ste 500 Zip Code City State Transaction ID: 20061218-55 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing C 31.25 federal political committee. Name of Employer America's Health Insurance Occupation Deputy Director; State Publications **Plans** Aggregate Year-to-Date ▼ Receipt For: Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Vigil Date of Receipt Mailing Address 601 Pennsylvania Ave NW 31 2006 South Bldg; Ste 500 City State Zip Code Transaction ID: 20061227-55 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing C 31.25 federal political committee. Name of Employer America's Health Insurance Occupation Deputy Director; State Publications <u>Plans</u> Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) C. Kelly Vogel Date of Receipt Mailing Address 601 Pennsylvania Ave NW 1.1 30 2006 South Bldg: Ste 500 Citv State Zip Code Transaction ID: 20061123-56 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 20.83 C federal political committee. Name of Employer America's Health Insurance Occupation VP; Federal Affairs <u>Plans</u> Receipt For: Aggregate Year-to-Date ▼ Primary General 499.92 Other (specify) 83.33 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 65
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	LIMIZED RECEIT 13		Detailed Summary Page	X 11a 11b 11c 12
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or	ly information copied from such Reports and Stator for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC	(AHIP PAC	(3)	
Α.	Full Name (Last, First, Middle Initial) Kelly Vogel			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	١W		12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20061218-56
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance	Occupation	n eral Affairs	
	Plans Receipt For:		Year-to-Date ▼	-
	Primary General	7 1991 09410	Total to Bato V	
	Other (specify) ▼	0 0	499.92	
В.	Full Name (Last, First, Middle Initial) Kelly Vogel			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	/W		1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20061227-56
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		20.83
	Name of Employer America's Health Insurance	Occupation		
	Plans	+ ' -	eral Affairs	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	0 0	499.92	
_	Full Name (Last, First, Middle Initial)			2. (2.)
C.	Thomas Wilder Mailing Address 601 Pennsylvania Ave N	JI/A/		Date of Receipt
	South Bldg Suite 500	NVV		11 30 2006
	City	State	Zip Code	Transaction ID: 20061123-57
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance	Occupation		7
	Plans		ate Market Regulation	-
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1000.08	
				'
	-			
s	UBTOTAL of Receipts This Page (optional)			83.33
\vdash	. 3 ,			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 57 / 65
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	EIVIIZED RECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may lame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC	(AHIP PAC	5)	
A.	Full Name (Last, First, Middle Initial) Thomas Wilder			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg Suite 500	1W		12 15 2006
	City	State	Zip Code	Transaction ID: 20061218-57
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance	Occupation	<u> </u>	7
	America's Health Insurance Plans	V.P. Priva	ate Market Regulation	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	1000.08	
	Other (specify)	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Thomas Wilder			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg Suite 500	1W		12 31 2006
	City	State	Zip Code	Transaction ID: 20061227-57
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		41.67
	Name of Employer America's Health Insurance	Occupation	า	7
	Plans	V.P. Priva	ate Market Regulation	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.08	
	Other (specify) ▼	0 0	1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Joseph Winn			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bld Ste 500	1W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20061123-58
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		41.67
	Name of Employer America's Health Insurance	Occupation		
	Plans	· · · · · · · · · · · · · · · · · · ·	Director; State Advocacy	4
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		1000.08	
	☐ Other (specify) ▼			1
_	UBTOTAL of Receipts This Page (optional)			125.01
\vdash	ODITION OF THE CHIPTS THIS Page (OPTIONAL)		······································	

COUEDINE A (EEC Form 2V)]		FOR LINE NUMBER: PAGE 58 / 65
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Joseph Winn			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bld Ste 500	IW		12 15 2006
	City	State	Zip Code	Transaction ID: 20061218-58
	Washington	DC	20004-2601	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	n Director; State Advocacy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1	1000.08	
	Other (specify) ▼		1000.00	
— В.	Full Name (Last, First, Middle Initial) Joseph Winn			Date of Receipt
υ.		I\A/		M M / D D / Y Y Y Y
	South Bld Ste 500		7'- 0 - 1-	12 31 2006
	City	State	Zip Code	Transaction ID: 20061227-58
	Washington	DC	20004-2601	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	n Director; State Advocacy	7
	Receipt For:		Year-to-Date ▼	
	Primary General	7 199. 09u.0		1
	Other (specify)		1000.08	
				1
C .	Full Name (Last, First, Middle Initial) Duane Wright			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	IW		11 30 7 2006
	City	State	Zip Code	Transaction ID: 20061123-59
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director; Legislative Affair	
	Receipt For:		Year-to-Date ▼	
	Primary General	-		1
	Other (specify) ▼	1	1250.04	
6	UBTOTAL of Receipts This Page (optional)			145.84
\vdash	CETOTAL OF TOOCHERS THIS Fage (Optional)			

A. Duane Wright

City

Plans Receipt For:

B. Duane Wright

City

Plans Receipt For:

Mailing Address

Washington

Mailing Address

Washington

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

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Name of Employer America's Health Insurance

Other (specify)

FEC ID number of contributing

federal political committee.

Name of Employer America's Health Insurance

Other (specify)

Primary

Full Name (Last, First, Middle Initial)

Primary

South Bldg; Ste 500

General

South Bldg; Ste 500

General

Occupation

PAGE 59 / 65 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 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. Americas Health Insurance Plans PAC (AHIP PAC) Date of Receipt 601 Pennsylvania Ave NW 12 15 2006 State Zip Code Transaction ID: 20061218-59 DC 20004-2601 Amount of Each Receipt this Period 62.50 C Occupation Executive Director; Legislative Affair Aggregate Year-to-Date ▼ 1250.04 Date of Receipt 601 Pennsylvania Ave NW 31 2006 Transaction ID: 20061227-59 State Zip Code DC 20004-2601 Amount of Each Receipt this Period C 62.50

SUBTOTAL of Receipts This Page (optional)	•	125.00
TOTAL This Period (last page this line number only)	•	21300.15

Executive Director; Legislative Affair

1250.04

Aggregate Year-to-Date ▼

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 65 (check only one) 11a 11b X 11c 12
An or	y information copied from such Reports and State for commercial purposes, other than using the nan	ments may	not be sold or used by any perso	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	HIP PAC	;)	
۹.	Full Name (Last, First, Middle Initial) Aegon Usa Inc Political Action Committee Mailing Address 1111 North Charles Street		7.0.1	Date of Receipt 1 2 1 2 2 0 0 6
	City Baltimore	State MD	Zip Code 21201	Transaction ID: 9086680612125727174
	FEC ID number of contributing federal political committee.	- '	0236414	Amount of Each Receipt this Period 2500.00
	Name of Employer	Occupation	n	1
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
3.	Full Name (Last, First, Middle Initial) Group Health Incorporated Federal Political Action Co	ommittee		Date of Receipt
	Mailing Address 441 Ninth Avenue			12 05 YYYYY 12 05 2006
	City	State	Zip Code	Transaction ID: 9863360612045839211
	New York	NY	10001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0250613	1600.00
	Name of Employer	Occupation	n	1
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1600.00	

SUBTOTAL of Receipts This Page (optional)	•	41	00.00
TOTAL This Period (last page this line number only)	•	41	00.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 61 / 65
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 X 16 17
Ar or	ry information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	;)	
۹.	Full Name (Last, First, Middle Initial) First State Pac			Date of Receipt
	Mailing Address PO Box 3006			12 14 2006
	City	State	Zip Code	Transaction ID: 1479710702235383744
	Wilmington	DE	19804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0363648	1000.00
	Name of Employer	Occupation	1	10/25/06 Carper Contrib Refund
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	1000.00

SCHEDULE B (FEC Form 3X)

	STIEDOLE B (I LCI OIIII 3X)	Use seperate scriedule(s) (check only one)											
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X	21b 27		22 28a	23 28b	24 28c	Н	25 29		26 30b
	y Information copied from such Reports and Statem											<u> </u>	
OI I	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any politic	uai com	11111(.ee 10 S	SUIICIL (CONTINU	uons ir	JIII SUCH	COIII	iiillee		
\rangle	Americas Health Insurance Plans PAC (Al	HIP PAC)											
<u> </u>	Full Name (Last, First, Middle Initial)								748586	6070	10548	3760)58
٦.	Bank of America						Date of D			Y Y	V .	Υ	
	Mailing Address 730 15th Street; NW Second Floor						1"1 ""	3	0 /	2	0 0̈́ 6		
	City Washington	State Zip Code DC 20005				A	mount	of Each	Disburs	emen	t this P	erio	d
	Purpose of Disbursement			v	-	1 [20.0	0	
	Wire Transfer Fees Candidate Name												
				ateg Typ	ory/ e								
	Office Sought: House Disburse Senate	ement For: Primary Genera	al										
	President	Other (specify)											
	State: District:												
3.	Full Name (Last, First, Middle Initial) Bank of America						ransact Date of D		379427	7070	10550)567	793
							м м		5 /	Y Y	2 Y 2	Υ	
	Mailing Address 730 15th Street; NW Second Floor					L	1 2	1	5	2	0 Ó 6	_	
	City Washington	State Zip Code DC 20005				A	mount	of Each	Disburs	emen	t this P	erio	d
	Purpose of Disbursement Wire Transfer Fee					L					10.0	00	
	Candidate Name		⊢ ∟ Ca	ateg	ory/								
				Тур	-								
	Office Sought: House Disburse Senate	ement For: Primary Genera	al										
	President	Other (specify)	A1										
	State: District:												
٥.	Full Name (Last, First, Middle Initial) Bank of America						ransact Date of D	-	070592 ement	2070	10550)584	140
	Mailing Address 730 15th Street; NW					- [1 2 M	/ D ₂	^D /	Ý Ž	0 0 6	Υ	
	Second Floor						•						
	City Washington	State Zip Code DC 20005				A	mount	of Each	Disburs	emen	t this P	erio	d
	Purpose of Disbursement Wire Transfer Fee		\Box			L					10.0	00	
	Candidate Name			ateg Typ	ory/								
		ement For:											
	Senate President	Primary General Other (specify)	al										
	State: District:											_	
s	UBTOTAL of Disbursements This Page (optional)				•						40.0	0	
т.	OTAL This Period (last page this line number only)												
• •	OIAL THIS I CHOO (last page this line number only)			•••						_		_	

SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 63		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28l	24 25 26 28c 29 30b
Any Information copied from such Reports and Stator for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A				
Full Name (Last, First, Middle Initial) A. Citibank			Date of Disbu	
Mailing Address 1101 Pennsylvania Ave	e; NW		111 /	2006
City Washington	State Zip Code DC 20004		Amount of Ea	ch Disbursement this Period
Purpose of Disbursement Merchant Fee Reversal				-0.65
Candidate Name		Category/ Type		
Senate President	sement For: Primary General Other (specify)			
State: District: Full Name (Last, First, Middle Initial) 3. Citibank				ID: 2183590701054964480
Mailing Address 1101 Pennsylvania Ave	e; NW		Date of Disbu	3 0
City	State Zip Code		Amount of Ea	ch Disbursement this Period
Washington Purpose of Disbursement Merchant Svc Fees	DC 20004			70.41
Candidate Name		Category/ Type		
Office Sought: House Disbut Senate President State: District:	sement For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) Citibank			Transaction Date of Disbu	ID: 4733740701055022150 irsement
Mailing Address 1101 Pennsylvania Ave	e; NW		12 /	11 7 2006
City Washington	State Zip Code DC 20004		Amount of Ea	ch Disbursement this Period
Purpose of Disbursement Merchant Svc Fees				31.66
Candidate Name		Category/ Type		
Office Sought: House Disbut Senate President State: District:	resement For: Primary General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional	l)	<u>}</u>		101.42
TOTAL This Period (last page this line number on				141.42

SCHEDULE B (FEC Form 3X)

ITEMIZED DISPUBLICATION		Use seperate schedule(s)		check		olvide ne)	n.		L	FAGE	5 04/1	55	
Ш	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ĺ	21b	<u> </u>	22	Х	23	<u> </u>		25	26
	Lafa and State and Old			L	27		28a	Ш	28b		8c	29	301
	y Information copied from such Reports and State for commercial purposes, other than using the na												S
\vdash	NAME OF COMMITTEE (In Full)	71											
$ \rangle$	Americas Health Insurance Plans PAC (A	AHIP PAC)											
_	Full Name (Last, First, Middle Initial)						Trans	acti	ion ID:	4380	6307	02144	503219
Α.	Carper for Senate							of D	isburs		V	V . V .	V
	Mailing Address 19 East Commons Blvd. Second Floor						1 2		์้ำ	4 /		žοŏε	S '
	City New Coatle	State Zip Code DE 19720					Amou	nt o	f Each	Disbu	ırseme	nt this F	Period
	New Castle Purpose of Disbursement	DE 19720	1	_							-	1000.0	00
	Misdeposited 10/25/06 Contrib								•				
	Candidate Name Carper Tom				egory/ ype								
	X Senate President	sement For: 2006 Primary X Genera Other (specify) ▼					[MEM 10/25, ersal		_		on Re	V-	
_	State: DE District: 00 Full Name (Last, First, Middle Initial)												
B.	Carper for Senate						Date of	of D	isburs	ement			456382
	Mailing Address 19 East Commons Blvd. Second Floor						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					5 ^Y	
	City New Castle	State Zip Code DE 19720					Amou	nt o	f Each	Disbu	irseme	nt this F	-
	Purpose of Disbursement 2012 Primary											1000.	00
	Candidate Name Carper Tom				egory/ ype								
	ÿ	sement For: 2012 X Primary General Other (specify)	I										
C.	Full Name (Last, First, Middle Initial) Melissa Bean for Congress								ion ID:		19606	12123	796330
	Mailing Address Post Office Box 3068						^M 2	М	/ D	^D 2	Υ	ž 0 ŏ 6	S Y
	City Barrington	State Zip Code IL 60010					Amou	nt o	f Each	Disbu	ırseme	nt this F	
	Purpose of Disbursement Debt Retirement						L.	_	-		• •	1000.	00
	Candidate Name Bean Melissa				egory/ ype								
	Senate President	sement For: 2006 Primary X Genera Other (specify) ▼	l										
_	State: IL District: 08												
s	UBTOTAL of Disbursements This Page (optiona	l)			. •	>						2000.0	00
					<u> </u>	-					-	-	
ΙT	OTAL This Period (last page this line number on	v)				•							

Image# 27930169374

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 65 / 65
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and Stat for commercial purposes, other than using the na			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	Americas Health Insurance Plans PAC (AHIP PAC)		
	Full Name (Last, First, Middle Initial)			Transaction ID: 8900370612123759447
۹.	Searchlight Leadership Fund			Date of Disbursement
	Mailing Address 422 C Street Northeas Lower Level	t Lower Level		12 M 1 2 V 2 0 0 6 Y
	City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 Contribution			2500.00
	Candidate Name		Category/ Type	
	Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)		4500.00