

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street)

601 Pennsylvania Avenue; NW

Suite 500 South Building

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106740

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 8

2 0 0 6

through

1 2

3 1

2 0 0 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Borchardt

Signature of Treasurer

Electronically Filed by Robert Borchardt

Date

0 2

2 3

2 0 0 7

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	8	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		119244.78
(b) Cash on Hand at Beginning of Reporting Period	127195.47	
(c) Total Receipts (from Line 19)	27187.69	307286.38
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	154383.16	426531.16
7. Total Disbursements (from Line 31)	4641.42	276789.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	149741.74	149741.74
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	21300.15	184502.05
(i) Itemized (use Schedule A)		
(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
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	26187.69	292696.13
12. Transfers From Affiliated/Other Party Committees	0.00	1090.25
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	13500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27187.69	307286.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27187.69	307286.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	141.42	2450.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	141.42	2450.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	255323.58
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	19015.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4641.42	276789.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	4641.42	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
35. 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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Al Annexstad

Mailing Address 121 East Park Square
P.O. Box 328

City State Zip Code
Owatonna MN 55060-3046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Federated Insurance Compa-
nies

Occupation
Chairman of the Board; President and C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 4418370612046111397

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. George Babitsch

Mailing Address 41 Highlands Drive

City State Zip Code
Kennelon NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Health Inc.

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 0873160612045989185

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Balda

Mailing Address 601 Pennsylvania Ave NW
South Building; Suite 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
VP Member Services and Professional De

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-1

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

791.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. James Balda

Mailing Address 601 Pennsylvania Ave NW
South Building; Suite 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
VP Member Services and Professional De

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-1

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. James Balda

Mailing Address 601 Pennsylvania Ave NW
South Building; Suite 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
VP Member Services and Professional De

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-1

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Carmella Bocchino

Mailing Address 601 Pennsylvania Ave NW
South Bldg Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Vice President; Clinical Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3833.30

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-4

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)

291.67

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500		Transaction ID: 20061218-4 Amount of Each Receipt this Period 208.33
City Washington	State DC	
Zip Code 20004-2601		
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President; Clinical Aff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3833.30	

B. Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500		Transaction ID: 20061227-4 Amount of Each Receipt this Period 208.33
City Washington	State DC	
Zip Code 20004-2601		
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President; Clinical Aff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3833.30	

C. Full Name (Last, First, Middle Initial) Robert Borchardt		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061123-5 Amount of Each Receipt this Period 25.00
City Washington	State DC	
Zip Code 20004-2601		
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President Finance & Operat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)

441.66

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Robert Borchardt		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061218-5
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President Finance & Operat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B. Full Name (Last, First, Middle Initial) Robert Borchardt		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061227-5
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President Finance & Operat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C. Full Name (Last, First, Middle Initial) Frank J Branchini		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 441 9th Ave		Transaction ID: 8248750612045818160
City New York State NY Zip Code 10001-1623	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Group Health Incorporated	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061123-6	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Director Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1999.92	
B. Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061218-6	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Director Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1999.92	
C. Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061227-6	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Director Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1999.92	

SUBTOTAL of Receipts This Page (optional)

249.99

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

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

Sarah Buxton

Mailing Address 4000 Glenwood Ave

City State Zip Code
 Golden Valley MN 55422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Federated Insurance Co.

Occupation
EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 5 / 2 0 0 6

Transaction ID: 0547130612046202136

Amount of Each Receipt this Period

200.00

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

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Ave NW
 South Bldg; Ste 500

City State Zip Code
 Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-9

Amount of Each Receipt this Period

62.50

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

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Ave NW
 South Bldg; Ste 500

City State Zip Code
 Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-9

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Winthrop Cashdollar

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-9

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

B. Yvonne Chanatry

Mailing Address 1276 N Wayne St
#1223

City State Zip Code
Arlington VA 22201-5857

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Director of Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-10

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

C. Yvonne Chanatry

Mailing Address 1276 N Wayne St
#1223

City State Zip Code
Arlington VA 22201-5857

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Director of Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-10

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

187.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Yvonne Chanatry

Mailing Address 1276 N Wayne St
#1223

City State Zip Code
Arlington VA 22201-5857

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Executive Director of Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-10

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

B. Jeffrey Chansler

Mailing Address 379 Fairmount Ave

City State Zip Code
Jersey City NJ 07306-5908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Health Inc

Occupation

SVP/General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 8388320612046000070

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ann Curry

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Director; Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-11

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

354.17

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Ann Curry

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director; Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-11

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Ann Curry

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director; Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-11

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Gregory Daphnis

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Program Manager; VSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-12

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)

104.17

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

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

Gregory Daphnis

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Program Manager; VSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-12

Amount of Each Receipt this Period

20.83

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

Gregory Daphnis

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Program Manager; VSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-12

Amount of Each Receipt this Period

20.83

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

Gregory Dean

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Director of AHIP's Learning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-13

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

104.16

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Gregory Dean		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061218-13
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Executive Director of AHIP's Learning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B. Full Name (Last, First, Middle Initial) Gregory Dean		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061227-13
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Executive Director of AHIP's Learning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C. Full Name (Last, First, Middle Initial) Marilyn DeQuatro		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 441 9th Avenue		Transaction ID: 1000600612046008213
City New York State NY Zip Code 10001	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Group Health Inc.	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Stephanie Dougherty

Mailing Address 410 W Lombard S
Apt 605

City State Zip Code
Baltimore MD 21201-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director; Professional Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.84

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-26

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. Stephanie Dougherty

Mailing Address 410 W Lombard S
Apt 605

City State Zip Code
Baltimore MD 21201-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director; Professional Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.84

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-26

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. Stephanie Dougherty

Mailing Address 410 W Lombard S
Apt 605

City State Zip Code
Baltimore MD 21201-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director; Professional Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.84

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-26

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)

31.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Jill Dowell

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
VP; Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-14

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Jill Dowell

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
VP; Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-14

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Jill Dowell

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
VP; Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-14

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

249.99

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Paul Droher		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 1305 Ridge Road		Transaction ID: 1905190612046147166
City Owatonna	State MN	Zip Code 55060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Federated Insurance	Occupation Executive Vice President; Insurance Op	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Thomas Dwyer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 18 Dellwood Court		Transaction ID: 0290230612045857950
City Middletown	State NJ	Zip Code 07748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Group Health Incorporated	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Jane Florek		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 201 E 21st St #7C		Transaction ID: 9968480612055777433
City New York	State NY	Zip Code 10010-6401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Group Health Inc.	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 65

(check only one)

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

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500City State Zip Code
Washington DC 20004-2601FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
PlansOccupation
Senior Vice President; State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	6

Transaction ID: 20061123-16

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500City State Zip Code
Washington DC 20004-2601FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
PlansOccupation
Senior Vice President; State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	6

Transaction ID: 20061218-16

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500City State Zip Code
Washington DC 20004-2601FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
PlansOccupation
Senior Vice President; State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	6

Transaction ID: 20061227-16

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial) A. Joni Hong	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500	
City Washington	State Zip Code DC 20004-2601
FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel; Special Proj
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 1	/	3 0	/	2 0 0 6

Transaction ID: 20061123-18

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial) B. Joni Hong	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500	
City Washington	State Zip Code DC 20004-2601
FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel; Special Proj
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 2	/	1 5	/	2 0 0 6

Transaction ID: 20061218-18

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial) C. Joni Hong	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500	
City Washington	State Zip Code DC 20004-2601
FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel; Special Proj
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 2	/	3 1	/	2 0 0 6

Transaction ID: 20061227-18

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)

62.49

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Donna Horoschak		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061123-19	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Executive Director State Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1749.96	
B. Full Name (Last, First, Middle Initial) Donna Horoschak		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061218-19	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Executive Director State Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1749.96	
C. Full Name (Last, First, Middle Initial) Donna Horoschak		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061227-19	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Executive Director State Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1749.96	

SUBTOTAL of Receipts This Page (optional)

249.99

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Karen Ignagni Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation President and CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 8941720612206365900 Amount of Each Receipt this Period 5000.00
B. Full Name (Last, First, Middle Initial) Steven Judd Mailing Address 121 E. Park Square City Owatonna State MN Zip Code 55060 FEC ID number of contributing federal political committee. C Name of Employer Federated Insurance Occupation SVP; Actuarial Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 6 Transaction ID: 8908840612046196057 Amount of Each Receipt this Period 200.00
C. Full Name (Last, First, Middle Initial) Scott Keefer Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation Director of Policy Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6 Transaction ID: 20061123-21 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)

5230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Scott Keefer

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director of Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-21

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Scott Keefer

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director of Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-21

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Michael Keller

Mailing Address 1745 Denmark Place; NE

City State Zip Code
Owatonna MN 55060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Federated Insurance

Occupation
Executive Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 1982880612046158349

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

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

Steven Kessler

Mailing Address 1515 Washington St

City State Zip Code
 Cortlandt Manor NY 10567-7027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Health Inc.

Occupation
Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 5 / 2 0 0 6

Transaction ID: 5404060612046017789

Amount of Each Receipt this Period

250.00

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

Tony Lamb

Mailing Address 601 Pennsylvania Ave NW
 South Bldg; Ste 500

City State Zip Code
 Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director; Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-22

Amount of Each Receipt this Period

10.42

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

Tony Lamb

Mailing Address 601 Pennsylvania Ave NW
 South Bldg; Ste 500

City State Zip Code
 Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director; Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-22

Amount of Each Receipt this Period

10.42

SUBTOTAL of Receipts This Page (optional)

270.84

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Tony Lamb Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation Director; Political Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.08		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6 Transaction ID: 20061227-22 Amount of Each Receipt this Period 10.42
B. Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation Vice President; Medical Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 672.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6 Transaction ID: 20061123-23 Amount of Each Receipt this Period 28.00
C. Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation Vice President; Medical Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 672.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6 Transaction ID: 20061218-23 Amount of Each Receipt this Period 28.00

SUBTOTAL of Receipts This Page (optional)

66.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Vice President; Medical Affairs Aggregate Year-to-Date ▼ 672.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6 Transaction ID: 20061227-23 Amount of Each Receipt this Period 28.00
B. Full Name (Last, First, Middle Initial) Larry Larson Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Director of Operations and Claims Aggregate Year-to-Date ▼ 229.13		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6 Transaction ID: 20061218-24 Amount of Each Receipt this Period 20.83
C. Full Name (Last, First, Middle Initial) Larry Larson Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Director of Operations and Claims Aggregate Year-to-Date ▼ 229.13		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6 Transaction ID: 20061227-24 Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional)

69.66

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 65

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Jeff Lemieux

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

SVP; Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-25

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Jeff Lemieux

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

SVP; Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-25

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Jeff Lemieux

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

SVP; Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-25

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Dan Leonard		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061123-27	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Executive VP; Advocacy & Professional	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4999.92	
B. Full Name (Last, First, Middle Initial) Dan Leonard		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061218-27	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Executive VP; Advocacy & Professional	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4999.92	
C. Full Name (Last, First, Middle Initial) Dan Leonard		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061227-27	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Executive VP; Advocacy & Professional	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4999.92	

SUBTOTAL of Receipts This Page (optional)

624.99

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Joe Lessen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061123-28	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Director of Special Projects; Federal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.04	
B. Full Name (Last, First, Middle Initial) Joe Lessen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061218-28	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Director of Special Projects; Federal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.04	
C. Full Name (Last, First, Middle Initial) Joe Lessen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061227-28	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Director of Special Projects; Federal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.04	

SUBTOTAL of Receipts This Page (optional)

125.01

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Maria Lopes Mailing Address 65 Auryansen Ct City State Zip Code Closter NJ 07624-2847 FEC ID number of contributing federal political committee. C Name of Employer Group Health Inc. Occupation Chief Medical Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 6 Transaction ID: 0547000612046048880 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation Director of Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6 Transaction ID: 20061123-29 Amount of Each Receipt this Period 15.00
C. Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation Director of Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6 Transaction ID: 20061218-29 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 65

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6 Transaction ID: 20061227-29 Amount of Each Receipt this Period 15.00
Name of Employer America's Health Insurance Plans Occupation Director of Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		
B. Full Name (Last, First, Middle Initial) Ilene Margolin Mailing Address 441 9th Ave City New York State NY Zip Code 10001-1623 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 6 Transaction ID: 8907790612045873633 Amount of Each Receipt this Period 250.00
Name of Employer Group Health Incorporated Occupation Senior Vice President; Corporate Affai Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) William Mastro Mailing Address 441 9th Ave City New York State NY Zip Code 10001-1642 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 6 Transaction ID: 3394210612045881666 Amount of Each Receipt this Period 250.00
Name of Employer Group Health Incorporated Occupation Sr. Vice President - Legal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)**515.00****TOTAL** This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

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

Robert Menkes

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President; Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-32

Amount of Each Receipt this Period

10.42

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

Robert Menkes

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President; Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-32

Amount of Each Receipt this Period

10.42

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

Robert Menkes

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President; Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-32

Amount of Each Receipt this Period

10.42

SUBTOTAL of Receipts This Page (optional)

31.26

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Anthony Meoni

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Executive Director Information Technol

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-33

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

B. Anthony Meoni

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Executive Director Information Technol

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-33

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

C. Anthony Meoni

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Executive Director Information Technol

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-33

Amount of Each Receipt this Period

10.50

SUBTOTAL of Receipts This Page (optional)

31.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Thomas Meyers

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-34

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Thomas Meyers

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-34

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Thomas Meyers

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-34

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Martin Mitchell Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation Regional Director; Sate Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.92		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6 Transaction ID: 20061123-37 Amount of Each Receipt this Period 20.83
B. Full Name (Last, First, Middle Initial) Martin Mitchell Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation Regional Director; Sate Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.92		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6 Transaction ID: 20061218-37 Amount of Each Receipt this Period 20.83
C. Full Name (Last, First, Middle Initial) Martin Mitchell Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation Regional Director; Sate Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.92		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6 Transaction ID: 20061227-37 Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional)

62.49

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Thomas NemethMailing Address 441 9th Ave
8TH FloorCity State Zip Code
New York NY 10001-1601FEC ID number of contributing
federal political committee.**C**Name of Employer
Group Health Inc.Occupation
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	5	/	2	0	0	6

Transaction ID: 9630210612046026875

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael Palmateer

Mailing Address 114 Sylvania Ave

City State Zip Code
Avon by the Sea NY 07717FEC ID number of contributing
federal political committee.**C**Name of Employer
Group Health Inc.Occupation
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	5	/	2	0	0	6

Transaction ID: 3915870612046074513

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Betsy PelovitzMailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500City State Zip Code
Washington DC 20004-2601FEC ID number of contributing
federal political committee.**C**Name of Employer
America's Health Insurance
PlansOccupation
State Advocacy Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	6

Transaction ID: 20061123-38

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

541.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061218-38
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation State Advocacy Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	

B. Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061227-38
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation State Advocacy Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	

C. Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061123-39
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 104.16	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communication	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.84	

SUBTOTAL of Receipts This Page (optional)

187.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061218-39
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 104.16	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communication	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.84	

B. Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061227-39
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 104.16	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communication	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.84	

C. Full Name (Last, First, Middle Initial) Jennifer Rak		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061123-40
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

SUBTOTAL of Receipts This Page (optional)

229.15

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Jennifer Rak

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-40

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Jennifer Rak

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-40

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Richard Ramsay

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President; State Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-41

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

124.99

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

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

Richard Ramsay

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President; State Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-41

Amount of Each Receipt this Period

83.33

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

Richard Ramsay

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President; State Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-41

Amount of Each Receipt this Period

83.33

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

Ingrid Reeves

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Director of Membership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-42

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)

177.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation Executive Director of Membership Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 264.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6 Transaction ID: 20061218-42 Amount of Each Receipt this Period 11.00
B. Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation Executive Director of Membership Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 264.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6 Transaction ID: 20061227-42 Amount of Each Receipt this Period 11.00
C. Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation Vice President; Public Health & Clinic Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 354.18		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6 Transaction ID: 20061123-43 Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional)

42.83

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Bob Rehm		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061218-43	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Vice President; Public Health & Clinic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 354.18	
B. Full Name (Last, First, Middle Initial) Bob Rehm		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061227-43	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Vice President; Public Health & Clinic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 354.18	
C. Full Name (Last, First, Middle Initial) Richard Richiski		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address One Liberty Plaza; 31st Floor		Transaction ID: 5326150701084847719	
City New York State NY Zip Code 10006-1404		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Zurich North America		Occupation Executive Vice President; COO Special	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)

1041.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

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

Sue Rohan

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.63

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-44

Amount of Each Receipt this Period

83.33

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

Sue Rohan

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.63

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-44

Amount of Each Receipt this Period

83.33

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

Sue Rohan

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.63

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-44

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

249.99

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Aran Ron

Mailing Address 1012 Constable Dr

City State Zip Code
Mamaroneck NY 10543-4702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Health Inc.

Occupation
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 9244500612045973938

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Mark Scharmer

Mailing Address 17683 Kingswood Circle

City State Zip Code
Lakeville MN 55044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Federated Insurance

Occupation
Executive Vice-President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 2263460612046172422

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Lisa Shreve

Mailing Address 12149 Darnley Rd

City State Zip Code
Woodbridge VA 22192-6615

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President; Professional Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-45

Amount of Each Receipt this Period

10.42

SUBTOTAL of Receipts This Page (optional)

610.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Lisa Shreve			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 12149 Darnley Rd			Transaction ID: 20061218-45	
City State Zip Code Woodbridge VA 22192-6615			Amount of Each Receipt this Period 10.42	
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/>				
Name of Employer America's Health Insurance Plans		Occupation Vice President; Professional Programs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.08		
B. Full Name (Last, First, Middle Initial) Lisa Shreve			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 12149 Darnley Rd			Transaction ID: 20061227-45	
City State Zip Code Woodbridge VA 22192-6615			Amount of Each Receipt this Period 10.42	
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/>				
Name of Employer America's Health Insurance Plans		Occupation Vice President; Professional Programs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.08		
C. Full Name (Last, First, Middle Initial) Patricia Smith			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500			Transaction ID: 20061123-46	
City State Zip Code Washington DC 20004-2601			Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/>				
Name of Employer America's Health Insurance Plans		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 916.63		

SUBTOTAL of Receipts This Page (optional)

104.17

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Patricia Smith Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 916.63		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6 Transaction ID: 20061218-46 Amount of Each Receipt this Period 83.33
B. Full Name (Last, First, Middle Initial) Raymond Stawarz Mailing Address 70 Oakview Place City Owatonna State MN Zip Code 55060 FEC ID number of contributing federal political committee. C Name of Employer Federated Insurance Co. Occupation SVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 6 Transaction ID: 5160470612046216797 Amount of Each Receipt this Period 200.00
C. Full Name (Last, First, Middle Initial) Charles Stellar Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6 Transaction ID: 20061123-47 Amount of Each Receipt this Period 86.96

SUBTOTAL of Receipts This Page (optional)

370.29

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Charles Stellar			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500			Transaction ID: 20061218-47	
City Washington State DC Zip Code 20004-2601			Amount of Each Receipt this Period 86.96	
FEC ID number of contributing federal political committee. C				
Name of Employer America's Health Insurance Plans		Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		
B. Full Name (Last, First, Middle Initial) Charles Stellar			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500			Transaction ID: 20061227-47	
City Washington State DC Zip Code 20004-2601			Amount of Each Receipt this Period 86.88	
FEC ID number of contributing federal political committee. C				
Name of Employer America's Health Insurance Plans		Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		
C. Full Name (Last, First, Middle Initial) Gregroy Stroik			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 918 St. Andrews Place			Transaction ID: 9080760612046210747	
City Owatonna State MN Zip Code 55060			Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Federated Insurance Co.		Occupation SVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)

373.84

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Scott Styles Mailing Address 601 Pennsylvania Ave NW South Building; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation SVP; Government Affairs Aggregate Year-to-Date ▼ 4904.40		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6 Transaction ID: 20061123-48 Amount of Each Receipt this Period 204.35
B. Full Name (Last, First, Middle Initial) Scott Styles Mailing Address 601 Pennsylvania Ave NW South Building; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation SVP; Government Affairs Aggregate Year-to-Date ▼ 4904.40		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6 Transaction ID: 20061218-48 Amount of Each Receipt this Period 204.35
C. Full Name (Last, First, Middle Initial) Scott Styles Mailing Address 601 Pennsylvania Ave NW South Building; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation SVP; Government Affairs Aggregate Year-to-Date ▼ 4904.40		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6 Transaction ID: 20061227-48 Amount of Each Receipt this Period 204.35
SUBTOTAL of Receipts This Page (optional) ▶		613.05
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 50 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Jeanette Thornton

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director; Health Informatics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-49

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Jonathan Tilton

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Deputy Director; Strategic Communicati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-50

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Jonathan Tilton

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Deputy Director; Strategic Communicati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-50

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)

62.49

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Jonathan Tilton

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Deputy Director; Strategic Communicati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-50

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Marybeth Tita

Mailing Address 16 Austin Lane

City State Zip Code
Huntington NY 11743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Health Inc.

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 0327080612046060244

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Senior Vice President of Strategic Com

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-52

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

395.83

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061218-52 Amount of Each Receipt this Period 125.00
City Washington	State Zip Code DC 20004-2601	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President of Strategic Com	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B. Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061227-52 Amount of Each Receipt this Period 125.00
City Washington	State Zip Code DC 20004-2601	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President of Strategic Com	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C. Full Name (Last, First, Middle Initial) Rod Turner		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061123-53 Amount of Each Receipt this Period 83.33
City Washington	State Zip Code DC 20004-2601	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP; Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.92	

SUBTOTAL of Receipts This Page (optional)

333.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Rod Turner		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061218-53
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP; Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.92	

B. Full Name (Last, First, Middle Initial) Rod Turner		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061227-53
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP; Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.92	

C. Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 107 Chocolay Downs Golf Dr		Transaction ID: 20061123-54
City Marquette State MI Zip Code 49855-9542	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Deputy Director; Federal Legislative A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

SUBTOTAL of Receipts This Page (optional)

211.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Mark Van Koevering

Mailing Address 107 Chocolay Downs Golf Dr

City State Zip Code
Marquette MI 49855-9542

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Deputy Director; Federal Legislative A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-54

Amount of Each Receipt this Period

45.00

B. Full Name (Last, First, Middle Initial)
Mark Van Koevering

Mailing Address 107 Chocolay Downs Golf Dr

City State Zip Code
Marquette MI 49855-9542

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Deputy Director; Federal Legislative A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-54

Amount of Each Receipt this Period

45.00

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

Mailing Address 601 Pennsylvania Ave NW
 South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Deputy Director; State Publications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-55

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)

121.25

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation Deputy Director; State Publications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6 Transaction ID: 20061218-55 Amount of Each Receipt this Period 31.25
B. Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation Deputy Director; State Publications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6 Transaction ID: 20061227-55 Amount of Each Receipt this Period 31.25
C. Full Name (Last, First, Middle Initial) Kelly Vogel Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation VP; Federal Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.92		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6 Transaction ID: 20061123-56 Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional)

83.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Kelly Vogel Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation VP; Federal Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.92		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6 Transaction ID: 20061218-56 Amount of Each Receipt this Period 20.83
B. Full Name (Last, First, Middle Initial) Kelly Vogel Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation VP; Federal Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.92		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6 Transaction ID: 20061227-56 Amount of Each Receipt this Period 20.83
C. Full Name (Last, First, Middle Initial) Thomas Wilder Mailing Address 601 Pennsylvania Ave NW South Bldg Suite 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation V.P. Private Market Regulation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.08		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6 Transaction ID: 20061123-57 Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional)

83.33

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Thomas Wilder

Mailing Address 601 Pennsylvania Ave NW
South Bldg Suite 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
V.P. Private Market Regulation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-57

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Thomas Wilder

Mailing Address 601 Pennsylvania Ave NW
South Bldg Suite 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
V.P. Private Market Regulation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-57

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Joseph Winn

Mailing Address 601 Pennsylvania Ave NW
South Bldg Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Regional Director; State Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-58

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

125.01

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Joseph Winn

Mailing Address 601 Pennsylvania Ave NW
South Bld Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Regional Director; State Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 20061218-58

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Joseph Winn

Mailing Address 601 Pennsylvania Ave NW
South Bld Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Regional Director; State Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 20061227-58

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Duane Wright

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Director; Legislative Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 20061123-59

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

145.84

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Duane Wright		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061218-59	
City Washington	State DC	Zip Code 20004-2601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50	
Name of Employer America's Health Insurance Plans		Occupation Executive Director; Legislative Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.04	
B. Full Name (Last, First, Middle Initial) Duane Wright		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20061227-59	
City Washington	State DC	Zip Code 20004-2601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50	
Name of Employer America's Health Insurance Plans		Occupation Executive Director; Legislative Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.04	

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

21300.15

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

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

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Aegon Usa Inc Political Action Committee

Mailing Address 1111 North Charles Street

City State Zip Code
Baltimore MD 21201

FEC ID number of contributing
federal political committee.

C C00236414

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 9086680612125727174

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)
Group Health Incorporated Federal Political Action Committee

Mailing Address 441 Ninth Avenue

City State Zip Code
New York NY 10001

FEC ID number of contributing
federal political committee.

C C00250613

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 9863360612045839211

Amount of Each Receipt this Period

1600.00

SUBTOTAL of Receipts This Page (optional)

4100.00

TOTAL This Period (last page this line number only)

4100.00

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

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

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

First State Pac

Mailing Address PO Box 3006

City

Wilmington

State

DE

Zip Code

19804

FEC ID number of contributing
federal political committee.

C C00363648

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 6

Transaction ID: 1479710702235383744

Amount of Each Receipt this Period

1000.00

10/25/06 Carper Contrib
Refund

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 730 15th Street; NW
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement
Wire Transfer Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 7485860701054876058

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 730 15th Street; NW
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement
Wire Transfer Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3794270701055056793

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address 730 15th Street; NW
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement
Wire Transfer Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 0705920701055058440

Date of Disbursement

12 / 27 / 2006

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

40.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 63 / 65

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

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address 1101 Pennsylvania Ave; NW
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Fee Reversal

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 6429220701055553120

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

-0.65

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address 1101 Pennsylvania Ave; NW
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Svc Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2183590701054964480

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

70.41

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address 1101 Pennsylvania Ave; NW
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Svc Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 4733740701055022150

Date of Disbursement

12 / 11 / 2006

Amount of Each Disbursement this Period

31.66

SUBTOTAL of Disbursements This Page (optional)

101.42

TOTAL This Period (last page this line number only)

141.42

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

Use separate schedule(s)
for each category of the
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Carper for Senate

Mailing Address 19 East Commons Blvd. Second Floor

City State Zip Code
New Castle DE 19720

Purpose of Disbursement
Misdeposited 10/25/06 Contrib

Candidate Name
Carper Tom

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: DE District: 00

Transaction ID: 4380630702144503219

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 6

Amount of Each Disbursement this Period

-1000.00

[MEMO ITEM]

10/25/06 Contribution Rev-
ersal

Full Name (Last, First, Middle Initial)

B. Carper for Senate

Mailing Address 19 East Commons Blvd. Second Floor

City State Zip Code
New Castle DE 19720

Purpose of Disbursement
2012 Primary

Candidate Name
Carper Tom

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District: 00

Transaction ID: 1888040612135456382

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Melissa Bean for Congress

Mailing Address Post Office Box 3068

City State Zip Code
Barrington IL 60010

Purpose of Disbursement
Debt Retirement

Candidate Name
Bean Melissa

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: 2284960612123796330

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Searchlight Leadership Fund

Mailing Address 422 C Street Northeast Lower Level
Lower Level

City Washington State DC Zip Code 20002

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 8900370612123759447

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

4500.00