

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 601 Pennsylvania Avenue NW
Suite 500 South Building
 Check if different than previously reported. (ACC)
Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** C00106740
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (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 08 01 2008 through 08 31 2008

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 12 03 2008

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

| | | | | | | | |
|-----------------|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | |
|-----------------|--|--|--|--|--|--|--|

FEC FORM 3X
(Rev. 12/2004)

**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 |
| 0 | 8 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | | 167489.76 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 150600.03 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 12887.94 | 193878.37 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 163487.97 | 361368.13 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 24157.43 | 222037.59 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 139330.54 | 139330.54 | | | | | | | | |
| 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**

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 8 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| 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 | 9725.66 | 101719.37 |
| (i) Itemized (use Schedule A) | 617.06 | 9227.18 |
| (ii) Unitemized | 10342.72 | 110946.55 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 2500.00 | 82000.00 |
| (c) Other Political Committees (such as PACs) | 12842.72 | 192946.55 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | | |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 45.22 | 931.82 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 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)) | 12887.94 | 193878.37 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 12887.94 | 193878.37 |

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) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 257.43 | 1137.59 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 257.43 | 1137.59 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 23000.00 | 219500.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 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..... | 900.00 | 1400.00 |
| 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)).. | 24157.43 | 222037.59 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 24157.43 | 222037.59 |

DETAILED SUMMARY PAGE
of Disbursements

| 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 | 12842.72 | 192946.55 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 12842.72 | 192946.55 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 257.43 | 1137.59 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 45.22 | 931.82 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 212.21 | 205.77 |

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

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

FOR LINE NUMBER: PAGE 6 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation VP Member Services and Professional De

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 15 / 2008
Transaction ID: 140814-1
Amount of Each Receipt this Period 62.50

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

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation VP Member Services and Professional De

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 29 / 2008
Transaction ID: 260826-1
Amount of Each Receipt this Period 62.50

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

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Executive Vice President, Clinical Aff

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3333.28

Date of Receipt 08 / 15 / 2008
Transaction ID: 140814-2
Amount of Each Receipt this Period 208.33

SUBTOTAL of Receipts This Page (optional) ▶ 333.33

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Carmella Bocchino | Date of Receipt MM / DD / YYYY 08 / 29 / 2008 |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | Transaction ID: 260826-2 |
| | City Washington State DC Zip Code 20004 | Amount of Each Receipt this Period 208.33 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer America's Health Insurance Plans Occupation Executive Vice President, Clinical Aff Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3333.28 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Robert Borchardt | Date of Receipt MM / DD / YYYY 08 / 15 / 2008 |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | Transaction ID: 140814-3 |
| | City Washington State DC Zip Code 20004 | Amount of Each Receipt this Period 41.67 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer America's Health Insurance Plans Occupation Senior Vice President Finance & Operat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.01 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Robert Borchardt | Date of Receipt MM / DD / YYYY 08 / 29 / 2008 |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | Transaction ID: 260826-3 |
| | City Washington State DC Zip Code 20004 | Amount of Each Receipt this Period 41.67 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer America's Health Insurance Plans Occupation Senior Vice President Finance & Operat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.01 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 291.67 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 8 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt MM / DD / YYYY
08 / 15 / 2008

Transaction ID: 140814-4

Amount of Each Receipt this Period 41.67

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

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt MM / DD / YYYY
08 / 29 / 2008

Transaction ID: 260826-4

Amount of Each Receipt this Period 41.67

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

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Director Political Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
08 / 15 / 2008

Transaction ID: 140814-6

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ► 208.34

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 39
(check only one)

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

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

A.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Francie Burkhart | | Date of Receipt MM / DD / YYYY 08 / 29 / 2008 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 260826-6 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 125.00 |
| Name of Employer America's Health Insurance Plans | Occupation Director Political Affairs | |
| 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) Winthrop Cashdollar | | Date of Receipt MM / DD / YYYY 08 / 15 / 2008 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 140814-8 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 62.50 |
| Name of Employer America's Health Insurance Plans | Occupation Executive Director Product Policy | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 875.00 | |

C.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Winthrop Cashdollar | | Date of Receipt MM / DD / YYYY 08 / 29 / 2008 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 260826-8 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 62.50 |
| Name of Employer America's Health Insurance Plans | Occupation Executive Director Product Policy | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 875.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 250.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | | | |
|-----------|---|-------------|--|---|--|
| A. | Full Name (Last, First, Middle Initial) Yvonne Chanatry | | Date of Receipt MM / DD / YYYY 08 / 15 / 2008 | | |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 140814-9 | | |
| | City Washington | State DC | Zip Code 20004 | Amount of Each Receipt this Period 83.33 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer America's Health Insurance Plans | | Occupation Vice President, Marketing and Graphics | | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1333.28 | | |

| | | | | | |
|-----------|---|-------------|--|---|--|
| B. | Full Name (Last, First, Middle Initial) Yvonne Chanatry | | Date of Receipt MM / DD / YYYY 08 / 29 / 2008 | | |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 260826-9 | | |
| | City Washington | State DC | Zip Code 20004 | Amount of Each Receipt this Period 83.33 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer America's Health Insurance Plans | | Occupation Vice President, Marketing and Graphics | | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1333.28 | | |

| | | | | | |
|-----------|---|-------------|--|---|--|
| C. | Full Name (Last, First, Middle Initial) Gregory Dean | | Date of Receipt MM / DD / YYYY 08 / 15 / 2008 | | |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 140814-12 | | |
| | City Washington | State DC | Zip Code 20004 | Amount of Each Receipt this Period 62.50 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer America's Health Insurance Plans | | Occupation Ex Dir of AHIPs Learning & Resource Ce | | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 229.16 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 39
(check only one)

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

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

A.

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

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Ex Dir of AHIPs Learning & Resource Ce

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 29 / 2008
Transaction ID: 260826-12
Amount of Each Receipt this Period: 62.50

B.

Full Name (Last, First, Middle Initial)
Jill Dowell

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1395.29

Date of Receipt: 08 / 15 / 2008
Transaction ID: 140814-15
Amount of Each Receipt this Period: 104.00

C.

Full Name (Last, First, Middle Initial)
Jill Dowell

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1395.29

Date of Receipt: 08 / 29 / 2008
Transaction ID: 260826-15
Amount of Each Receipt this Period: 104.00

SUBTOTAL of Receipts This Page (optional) ► 270.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 39
(check only one)

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

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

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

A.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Jeffrey Gabardi | | Date of Receipt MM / DD / YYYY 08 / 15 / 2008 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 140814-16 |
| City Washington | State Zip Code DC 20004 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 125.00 |
| Name of Employer America's Health Insurance Plans | Occupation Senior Vice President, State Affairs | Aggregate Year-to-Date ▼ 2000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

B.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Jeffrey Gabardi | | Date of Receipt MM / DD / YYYY 08 / 29 / 2008 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 260826-16 |
| City Washington | State Zip Code DC 20004 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 125.00 |
| Name of Employer America's Health Insurance Plans | Occupation Senior Vice President, State Affairs | Aggregate Year-to-Date ▼ 2000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

C.

| | | |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial) Mickey Herbert | | Date of Receipt MM / DD / YYYY 08 / 22 / 2008 |
| Mailing Address 175 Scott Swamp Road PO Box 4050 | | Transaction ID: e974c3d0b760039f225 |
| City Farmington | State Zip Code CT 06032-3124 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 |
| Name of Employer ConnectiCare, Inc. | Occupation President & CEO | Aggregate Year-to-Date ▼ 2000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 39
(check only one)

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

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

A.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Joni Hong | | Date of Receipt MM / DD / YYYY 08 / 15 / 2008 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 140814-19 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.83 |
| Name of Employer America's Health Insurance Plans | Occupation Senior Associate Counsel, Special Proj | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 333.28 | |

B.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Joni Hong | | Date of Receipt MM / DD / YYYY 08 / 29 / 2008 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 260826-20 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.83 |
| Name of Employer America's Health Insurance Plans | Occupation Senior Associate Counsel, Special Proj | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 333.28 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Alethia Jackson | | Date of Receipt MM / DD / YYYY 08 / 29 / 2008 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 260826-22 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 83.33 |
| Name of Employer America's Health Insurance Plans | Occupation Executive Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 249.99 | |

| | |
|--|---------------|
| 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)
for each category of the
Detailed Summary Page

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

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

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

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

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Director of Policy Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt: 08 / 15 / 2008
Transaction ID: 140814-23
 Amount of Each Receipt this Period: 41.67

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

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Director of Policy Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt: 08 / 29 / 2008
Transaction ID: 260826-24
 Amount of Each Receipt this Period: 41.67

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

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President, Clinical Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt: 08 / 15 / 2008
Transaction ID: 140814-25
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 39
(check only one)

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

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

A.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Barbara Lardy | | Date of Receipt MM / DD / YYYY 08 / 29 / 2008 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 260826-26 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 41.67 |
| Name of Employer America's Health Insurance Plans | Occupation Senior Vice President, Clinical Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 666.72 | |

B.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Larry Larson | | Date of Receipt MM / DD / YYYY 08 / 15 / 2008 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 140814-26 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.83 |
| Name of Employer America's Health Insurance Plans | Occupation Director, Operations and Claims | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 333.28 | |

C.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Larry Larson | | Date of Receipt MM / DD / YYYY 08 / 29 / 2008 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 260826-27 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.83 |
| Name of Employer America's Health Insurance Plans | Occupation Director, Operations and Claims | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 333.28 | |

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional) | 83.33 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 39

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Jeff Lemieux

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

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee.

C

Name of Employer
America's Health Insurance Plans

Occupation
SVP, Center for Health Policy & Research

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: 140814-27

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Jeff Lemieux

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

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee.

C

Name of Employer
America's Health Insurance Plans

Occupation
SVP, Center for Health Policy & Research

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 260826-28

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Beth Leonard

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

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee.

C

Name of Employer
America's Health Insurance Plans

Occupation
Senior Director, Public Affairs

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

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

Transaction ID: 140814-28

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

291.67

TOTAL This Period (last page this line number only)

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

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

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

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

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

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Senior Director, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.33

Date of Receipt: 08 / 29 / 2008
Transaction ID: 260826-29
 Amount of Each Receipt this Period: 41.67

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

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Director of Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 15 / 2008
Transaction ID: 140814-31
 Amount of Each Receipt this Period: 15.00

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

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Director of Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 29 / 2008
Transaction ID: 260826-32
 Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ► 71.67

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 39
(check only one)

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

| | | | |
|---|--|-----------------------|---------------------|
| <p>A. Full Name (Last, First, Middle Initial) Thomas Meyers</p> <p>Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building</p> <p>City Washington State DC Zip Code 20004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer America's Health Insurance Plans Occupation Executive Director Product Policy</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 320.00</p> | <p>Date of Receipt <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 8 / 1 5 / 2 0 0 8</td> </tr> </table> <p>Transaction ID: 140814-35</p> <p>Amount of Each Receipt this Period 20.00</p> </p> | M M / D D / Y Y Y Y Y | 0 8 / 1 5 / 2 0 0 8 |
| M M / D D / Y Y Y Y Y | | | |
| 0 8 / 1 5 / 2 0 0 8 | | | |

| | | | |
|---|--|-----------------------|---------------------|
| <p>B. Full Name (Last, First, Middle Initial) Thomas Meyers</p> <p>Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building</p> <p>City Washington State DC Zip Code 20004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer America's Health Insurance Plans Occupation Executive Director Product Policy</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 320.00</p> | <p>Date of Receipt <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 8 / 2 9 / 2 0 0 8</td> </tr> </table> <p>Transaction ID: 260826-36</p> <p>Amount of Each Receipt this Period 20.00</p> </p> | M M / D D / Y Y Y Y Y | 0 8 / 2 9 / 2 0 0 8 |
| M M / D D / Y Y Y Y Y | | | |
| 0 8 / 2 9 / 2 0 0 8 | | | |

| | | | |
|---|--|-----------------------|---------------------|
| <p>C. Full Name (Last, First, Middle Initial) Julie Miller</p> <p>Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building</p> <p>City Washington State DC Zip Code 20004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer America's Health Insurance Plans Occupation Senior Associate Counsel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p> | <p>Date of Receipt <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 8 / 1 5 / 2 0 0 8</td> </tr> </table> <p>Transaction ID: 140814-37</p> <p>Amount of Each Receipt this Period 25.00</p> </p> | M M / D D / Y Y Y Y Y | 0 8 / 1 5 / 2 0 0 8 |
| M M / D D / Y Y Y Y Y | | | |
| 0 8 / 1 5 / 2 0 0 8 | | | |

| | |
|--|---|
| SUBTOTAL of Receipts This Page (optional) | 65.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 39 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Julie Miller | Date of Receipt MM / DD / YYYY 08 / 29 / 2008 |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | Transaction ID: 260826-38 |
| | City Washington State DC Zip Code 20004 | 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 Associate Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Martin Mitchell | Date of Receipt MM / DD / YYYY 08 / 15 / 2008 |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | Transaction ID: 140814-39 |
| | City Washington State DC Zip Code 20004 | Amount of Each Receipt this Period 20.83 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: America's Health Insurance Plans Occupation: Director Product Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.28 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Martin Mitchell | Date of Receipt MM / DD / YYYY 08 / 29 / 2008 |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | Transaction ID: 260826-40 |
| | City Washington State DC Zip Code 20004 | Amount of Each Receipt this Period 20.83 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: America's Health Insurance Plans Occupation: Director Product Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.28 | |

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional) | 66.66 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | | |
|---|---|----------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Betsy Pelovitz | | Date of Receipt |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 15 / 2008 |
| | City | State | Zip Code |
| | Washington | DC | 20004 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 140814-40 |
| | C <input type="text"/> | | Amount of Each Receipt this Period |
| | | <input type="text"/> 83.33 | |
| Name of Employer America's Health Insurance Plans | | Occupation Executive Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | |
| | | <input type="text"/> 1062.49 | |

| | | | |
|---|---|----------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Betsy Pelovitz | | Date of Receipt |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 29 / 2008 |
| | City | State | Zip Code |
| | Washington | DC | 20004 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 260826-41 |
| | C <input type="text"/> | | Amount of Each Receipt this Period |
| | | <input type="text"/> 83.33 | |
| Name of Employer America's Health Insurance Plans | | Occupation Executive Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | |
| | | <input type="text"/> 1062.49 | |

| | | | |
|---|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Susan Pisano | | Date of Receipt |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 15 / 2008 |
| | City | State | Zip Code |
| | Washington | DC | 20004 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 140814-41 |
| | C <input type="text"/> | | Amount of Each Receipt this Period |
| | | <input type="text"/> 116.16 | |
| 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 ▼ | |
| | | <input type="text"/> 1858.56 | |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 282.82 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 39

(check only one)

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

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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

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

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
America's Health Insurance Vice President Strategic Communication
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1858.56

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 260826-42

Amount of Each Receipt this Period

116.16

B.

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

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

City State Zip Code
Washington DC 20004

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1333.28

Date of Receipt

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

Transaction ID: 140814-42

Amount of Each Receipt this Period

83.33

C.

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

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

City State Zip Code
Washington DC 20004

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1333.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 260826-43

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

282.82

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Executive Director of Membership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt: 08 / 15 / 2008
Transaction ID: 140814-44
 Amount of Each Receipt this Period: 20.83

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

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Executive Director of Membership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt: 08 / 29 / 2008
Transaction ID: 260826-45
 Amount of Each Receipt this Period: 20.83

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

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Vice President, Public Health & Clinic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 15 / 2008
Transaction ID: 140814-45
 Amount of Each Receipt this Period: 31.25

SUBTOTAL of Receipts This Page (optional) ► 72.91

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 39

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Bob Rehm

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

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
America's Health Insurance Vice President, Public Health & Clinic
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 260826-46

Amount of Each Receipt this Period

31.25

B.

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

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

City State Zip Code
Washington DC 20004

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 249.99

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 260826-47

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)
Candace Schaller

Mailing Address 601 Pennsylvania Avenue Northwest
South Building, Suite 500

City State Zip Code
Washington DC 20004-2601

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

Name of Employer Occupation
America's Health Insurance Senior Vice President, Federal Program
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 8

Transaction ID: d37b19b81d47e111ebd

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

3114.58

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt: 08 / 15 / 2008
Transaction ID: 140814-47
 Amount of Each Receipt this Period: 41.67

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt: 08 / 29 / 2008
Transaction ID: 260826-48
 Amount of Each Receipt this Period: 41.67

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

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: SVP, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3269.60

Date of Receipt: 08 / 15 / 2008
Transaction ID: 140814-48
 Amount of Each Receipt this Period: 204.35

SUBTOTAL of Receipts This Page (optional) ► 287.69

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 39 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Scott Styles | Date of Receipt MM / DD / YYYY 08 / 29 / 2008 |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | Transaction ID: 260826-49 |
| | City Washington State DC Zip Code 20004 | Amount of Each Receipt this Period 204.35 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: America's Health Insurance Plans Occupation: SVP, Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3269.60 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Michael Tuffin | Date of Receipt MM / DD / YYYY 08 / 15 / 2008 |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | Transaction ID: 140814-51 |
| | City Washington State DC Zip Code 20004 | Amount of Each Receipt this Period 208.33 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: America's Health Insurance Plans Occupation: Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3333.28 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Michael Tuffin | Date of Receipt MM / DD / YYYY 08 / 29 / 2008 |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | Transaction ID: 260826-52 |
| | City Washington State DC Zip Code 20004 | Amount of Each Receipt this Period 208.33 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: America's Health Insurance Plans Occupation: Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3333.28 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 621.01 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 26 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Chief Actuary/Vice President, Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt: 08 / 15 / 2008
Transaction ID: 140814-52
 Amount of Each Receipt this Period: 41.67

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

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Chief Actuary/Vice President, Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt: 08 / 29 / 2008
Transaction ID: 260826-53
 Amount of Each Receipt this Period: 41.67

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt: 08 / 15 / 2008
Transaction ID: 140814-53
 Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ► **128.34**

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

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

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

FOR LINE NUMBER: PAGE 27 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt: 08 / 29 / 2008
Transaction ID: 260826-54
 Amount of Each Receipt this Period: 45.00

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

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director, State Publications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 15 / 2008
Transaction ID: 140814-55
 Amount of Each Receipt this Period: 31.25

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

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director, State Publications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 29 / 2008
Transaction ID: 260826-56
 Amount of Each Receipt this Period: 31.25

SUBTOTAL of Receipts This Page (optional) ► 107.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 39
(check only one)

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

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

A.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Duane Wright | | Date of Receipt MM / DD / YYYY 08 / 15 / 2008 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 140814-57 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 62.50 |
| Name of Employer America's Health Insurance Plans | Occupation Executive Director, Legislative Affair | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

B.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Duane Wright | | Date of Receipt MM / DD / YYYY 08 / 29 / 2008 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 260826-58 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 62.50 |
| Name of Employer America's Health Insurance Plans | Occupation Executive Director, Legislative Affair | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

C.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Robert Zirkelbach | | Date of Receipt MM / DD / YYYY 08 / 15 / 2008 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Transaction ID: 140814-59 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.83 |
| Name of Employer America's Health Insurance Plans | Occupation Senior Manager, Media Relations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 333.28 | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 29 / 39 | |
| | (check only one) | | | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | | | |
|-----------|---|-------------|---|----------------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Robert Zirkelbach | | Date of Receipt | | |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | M M / D D / Y Y Y Y 08 / 29 / 2008 | | |
| | City Washington | State DC | Zip Code 20004 | Transaction ID: 260826-60 | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.83 | | |
| | Name of Employer America's Health Insurance Plans | | Occupation Senior Manager, Media Relations | | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 333.28 | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 20.83 |
| TOTAL This Period (last page this line number only) | ▶ | 9725.66 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 39
(check only one)

| | | | |
|------------------------------|------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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)
Blue Shield of California Political Action Committee

Mailing Address 50 Beale Street
18-105

City State Zip Code
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C** C00340364

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 |
| 0 | 8 | / | 2 | 2 | / | 2 | 0 | 0 | 8 |

Transaction ID: 1e625c7489a9913d7fd

Amount of Each Receipt this Period
2500.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 2500.00 |

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

| | | |
|---|------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 31 / 39 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Citibank | | Date of Receipt MM / DD / YYYY 08 / 04 / 2008 |
| Mailing Address 1101 Pennsylvania Ave, NW 11th Floor | | Transaction ID: e2dfc4254cdc498dec4 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 33.22 |
| Name of Employer | Occupation | Reimbursement of Merchant and AMEX Service Fees |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 931.82 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Citibank | | Date of Receipt MM / DD / YYYY 08 / 04 / 2008 |
| Mailing Address 1101 Pennsylvania Ave, NW 11th Floor | | Transaction ID: 5d3b0ab954e6e1f684c |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 12.00 |
| Name of Employer | Occupation | Reimbursement of Wire Transfer Fee |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 931.82 | |

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 45.22 |
| TOTAL This Period (last page this line number only) | ▶ | 45.22 |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | | | | | | | | | | | | | | | | | | | | |
|-------------------|--|--|-------|-------------------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Bank of America | Transaction ID: 94114eb7d5f2047ef46 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 730 15th Street, NW Second Floor | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 0 | 4 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 8 | | 0 | 4 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City Washington State DC Zip Code 20005 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Wire Transfer Fee | <table border="1"><tr><td>12.00</td></tr></table> | 12.00 | | | | | | | | | | | | | | | | | | |
| 12.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | <table border="1"><tr><td>001</td></tr><tr><td>Category/ Type</td></tr></table> | 001 | Category/ Type | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|-------------------|--|--|-------|-------------------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Bank of America | Transaction ID: 21b1ebf13a3db3955e9 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 730 15th Street, NW Second Floor | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 1 | 4 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 8 | | 1 | 4 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City Washington State DC Zip Code 20005 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Wire Transfer Fee | <table border="1"><tr><td>12.00</td></tr></table> | 12.00 | | | | | | | | | | | | | | | | | | |
| 12.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | <table border="1"><tr><td>001</td></tr><tr><td>Category/ Type</td></tr></table> | 001 | Category/ Type | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|-------------------|--|--|-------|-------------------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Bank of America | Transaction ID: f7d334e32a9ca552ef1 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 730 15th Street, NW Second Floor | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 2 | 8 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 8 | | 2 | 8 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City Washington State DC Zip Code 20005 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Wire Transfer Fee | <table border="1"><tr><td>12.00</td></tr></table> | 12.00 | | | | | | | | | | | | | | | | | | |
| 12.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | <table border="1"><tr><td>001</td></tr><tr><td>Category/ Type</td></tr></table> | 001 | Category/ Type | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|-------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>36.00</td></tr></table> | 36.00 |
| 36.00 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td></td></tr></table> | |
| | | |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | | |
|-----------|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington State DC Zip Code 20004 Purpose of Disbursement Merchant Service Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: e91158fe4dad16e1f55 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 8 | Amount of Each Disbursement this Period 184.12 |
| B. | Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington State DC Zip Code 20004 Purpose of Disbursement Merchant Service Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 830b2c23bbaf958ba41 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 8 | Amount of Each Disbursement this Period 1.15 |
| C. | Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington State DC Zip Code 20004 Purpose of Disbursement Merchant Service Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 5823bb4991ccbd19426 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 8 | Amount of Each Disbursement this Period 31.66 |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 216.93 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

**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 34 / 39

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

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

A.

Full Name (Last, First, Middle Initial)
Citibank

Transaction ID: f906001a3c25333b075

Date of Disbursement

Mailing Address 1101 Pennsylvania Ave, NW
11th Floor

MM / DD / YYYY
08 / 28 / 2008

City State Zip Code
Washington DC 20004

Amount of Each Disbursement this Period

4.50

Purpose of Disbursement
AMEX Service Fees

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

4.50

TOTAL This Period (last page this line number only)

257.43

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Becerra for Congress <hr/> Mailing Address PO Box 261060 <hr/> City Los Angeles State CA Zip Code 90026 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name Xavier Becerra <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 13788-2321435809135 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Contribution |
| B. Full Name (Last, First, Middle Initial) Becerra for Congress <hr/> Mailing Address PO Box 261060 <hr/> City Los Angeles State CA Zip Code 90026 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name Xavier Becerra <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 34782-1235772967338 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2500.00 |
| | Category/ Type 011 |
| | Contribution |
| C. Full Name (Last, First, Middle Initial) Committee for Hispanic Causes/Building Our Leadership Diversity Pac (CHC BOLD PAC) <hr/> Mailing Address 1831 Bay Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 2008 Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | Transaction ID: 35102-1478387713432 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2500.00 |
| | Category/ Type 011 |
| | Contribution |

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Donna Christensen Campaign | Transaction ID: 13788-3072320818901 |
| | Mailing Address PO Box 5197 | Date of Disbursement MM / DD / YYYY 08 / 04 / 2008 |
| | City St. Croix State VI Zip Code 00823 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement 2008 Primary Contribution | 011 Category/Type |
| | Candidate Name Donna Marie Christian-Christensen | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 01 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Freedom and Security Pac | Transaction ID: 35102-0077020525932 |
| | Mailing Address 1117 Atwood Ct | Date of Disbursement MM / DD / YYYY 08 / 22 / 2008 |
| | City Shakopee State MN Zip Code 55379 | Amount of Each Disbursement this Period 2500.00 |
| | Purpose of Disbursement 2008 Contribution | 011 Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Friends of Jim Clyburn | Transaction ID: 13788-2609521746635 |
| | Mailing Address PO Box 12567 | Date of Disbursement MM / DD / YYYY 08 / 04 / 2008 |
| | City Columbia State SC Zip Code 29211 | Amount of Each Disbursement this Period 2500.00 |
| | Purpose of Disbursement 2008 General Contribution | 011 Category/Type |
| | Candidate Name James E. Clyburn | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 6000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Fund for American Opportunity | Transaction ID: 34782-7144586443901 |
| | Mailing Address PO Box 65796 | Date of Disbursement MM / DD / YYYY 08 / 22 / 2008 |
| | City Washington State DC Zip Code 20035 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement 2008 Contribution Candidate Name | 011 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Help Elect America's Team (HEAT PAC) | Transaction ID: 13788-4865381121635 |
| | Mailing Address 499 S. Capitol St., SW Suite 412 | Date of Disbursement MM / DD / YYYY 08 / 04 / 2008 |
| | City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement 2008 Contribution Candidate Name | 011 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Moderate Democrats Pac | Transaction ID: 34782-1600610613822 |
| | Mailing Address 426 C Street NE | Date of Disbursement MM / DD / YYYY 08 / 22 / 2008 |
| | City Washington State DC Zip Code 20002 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement 2008 Contribution Candidate Name | 011 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution |

| | | |
|--|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 11000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 23000.00 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Bill Landen for State Senate <hr/> Mailing Address 2010 Kingsbury <hr/> City Casper State WY Zip Code 82609 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 35323-9282495379448 Date of Disbursement MM / DD / YYYY 08 / 22 / 2008 |
| | Amount of Each Disbursement this Period 250.00 |
| | 011 Category/Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Charles Scott for State Senate <hr/> Mailing Address 13900 S. Highway 487 <hr/> City Casper State WY Zip Code 82604 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 35323-2471887469291 Date of Disbursement MM / DD / YYYY 08 / 22 / 2008 |
| | Amount of Each Disbursement this Period 400.00 |
| | 011 Category/Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Roy Cohee for State House <hr/> Mailing Address 2046 Rustic Drive <hr/> City Casper State WY Zip Code 82609 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 35323-4406549334526 Date of Disbursement MM / DD / YYYY 08 / 22 / 2008 |
| | Amount of Each Disbursement this Period 250.00 |
| | 011 Category/Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

900.00

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

900.00

Form/Schedule: **F3X**

Transaction ID:

The Amended September Monthly Report (8/1/08 through 8/31/08) is being filed due to a technical issue regarding duplicate records created, which affected individuals aggregate year-to-date totals. The amended report corrects the aggregate year-to-date total and discloses those individuals who should be itemized on Schedule A supporting Line 11ai. Please note that the PAC is aware that it may disclose payroll receipts by disclosing a single total for the reporting period along with the amount deducted per pay period for each contributor. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately, pursuant to 11 CFR 104.8(b), more accurately discloses how the receipts are collected.