

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 211

(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) 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	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 9 Transaction ID: 20091210114025-2	Amount of Each Receipt this Period 208.33
	Name of Employer America's Health Insurance Plans Occupation Executive Vice President, Clinical Aff Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	
B.	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	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9 Transaction ID: 20100104152628-2	Amount of Each Receipt this Period 208.33
	Name of Employer America's Health Insurance Plans Occupation Executive Vice President, Clinical Aff Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	
C.	Full Name (Last, First, Middle Initial) Christopher Booth Mailing Address 165 Court Street City Rochester State NY Zip Code 14647-0001 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 9 Transaction ID: DA73DA9F71AAEAB240B	Amount of Each Receipt this Period 1667.00
	Name of Employer The Lifetime Healthcare Companies Occupation EVP, Corporate General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1667.00	

SUBTOTAL of Receipts This Page (optional)	2083.66
TOTAL This Period (last page this line number only)	