

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

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	156310.37									
(c) Total Receipts (from Line 19)	65037.00	129839.95								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	221347.37	297329.71								
7. Total Disbursements (from Line 31)	135.16	76117.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	221212.21	221212.21								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

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	21897.68	50773.67
(i) Itemized (use Schedule A)		
(ii) Unitemized	963.70	6532.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22861.38	57305.95
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	42000.00	72000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	64861.38	129305.95
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)	175.62	534.00
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))	65037.00	129839.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	65037.00	129839.95

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.....	135.16	617.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	135.16	617.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	75000.00
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.....	0.00	500.00
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))..	135.16	76117.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	135.16	76117.50

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	64861.38	129305.95
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64861.38	129305.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	135.16	617.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	175.62	534.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-40.46	83.50

**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 6 / 34
	<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) Scott Armstrong	Date of Receipt MM / DD / YYYY 04 / 15 / 2008
	Mailing Address 320 Westlake Avenue N Suite 100	Transaction ID: c06e06b3fd2ad44c5b8
	City State Zip Code Seattle WA 98109-5233	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Group Health Cooperative Occupation CEO 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) James Balda	Date of Receipt MM / DD / YYYY 04 / 15 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 150415-1
	City State Zip Code Washington DC 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 VP Member Services and Professional De Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) James Balda	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 280428-1
	City State Zip Code Washington DC 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 VP Member Services and Professional De Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2125.00
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 7 / 34
	<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 04 / 15 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 150415-2
	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 ▼ 1666.64	

B.	Full Name (Last, First, Middle Initial) Carmella Bocchino	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 280428-2
	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 ▼ 1666.64	

C.	Full Name (Last, First, Middle Initial) Angela Braly	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 120 Monument Circle	Transaction ID: 05089641c217a33db9f
	City Indianapolis State IN Zip Code 46204-4906	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer WellPoint, Inc. Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	2416.66
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: PAGE 8 / 34
(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) Dianne Bricker		Date of Receipt MM / DD / YYYY 04 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 150415-5
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 Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

B.

Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt MM / DD / YYYY 04 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 280428-4
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 Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

C.

Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt MM / DD / YYYY 04 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 150415-7
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 ▼ 1000.00	

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: (check only one)	PAGE 9 / 34
	<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 04 / 30 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 280428-6
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer America's Health Insurance Plans Occupation Director Political Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

B.	Full Name (Last, First, Middle Initial) Winthrop Cashdollar	Date of Receipt MM / DD / YYYY 04 / 15 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 150415-9
	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 Executive Director Product Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 375.00	

C.	Full Name (Last, First, Middle Initial) Winthrop Cashdollar	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 280428-8
	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 Executive Director Product Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 375.00	

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 / 34
	<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) Yvonne Chanatry		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 150415-10
Name of Employer America's Health Insurance Plans		Occupation Vice President, Marketing and Graphics	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="666.64"/>	<input type="text" value="83.33"/>

B.	Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 280428-9
Name of Employer America's Health Insurance Plans		Occupation Vice President, Marketing and Graphics	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="666.64"/>	<input type="text" value="83.33"/>

C.	Full Name (Last, First, Middle Initial) Thomas Croswell		Date of Receipt
	Mailing Address 40 Wyman Rd		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lexington	MA	02420-3236
	FEC ID number of contributing federal political committee. C		Transaction ID: d49b27efa03c2af28d1
Name of Employer Tufts Health Plan		Occupation Chief Operating Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="666.66"/>
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: (check only one)	PAGE 11 / 34
	<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		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 0 4 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 150415-11
Name of Employer America's Health Insurance Plans		Occupation Exec Dir - AHIPS Learning & Resource C	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	62.50

B.	Full Name (Last, First, Middle Initial) Gregory Dean		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 0 4 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 280428-10
Name of Employer America's Health Insurance Plans		Occupation Exec Dir - AHIPS Learning & Resource C	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	62.50

C.	Full Name (Last, First, Middle Initial) Jill Dowell		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 0 4 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 150415-13
Name of Employer America's Health Insurance Plans		Occupation VP, Federal Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.64	83.33

SUBTOTAL of Receipts This Page (optional)	208.33
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 12 / 34
	<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) Jill Dowell		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 0 4 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 280428-12
Name of Employer America's Health Insurance Plans		Occupation VP, Federal Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.64	83.33

B.	Full Name (Last, First, Middle Initial) Patti Embry-Tautenhau		Date of Receipt
	Mailing Address 12 Overlook Dr E		<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 0 4 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Framingham	MA	01701-3320
	FEC ID number of contributing federal political committee. C		Transaction ID: 1f9e298bf5aff0b96fc
Name of Employer Tufts Health Plan		Occupation VP Corporate Communications	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

C.	Full Name (Last, First, Middle Initial) Behrends Foster		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		<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 0 4 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004-2601
	FEC ID number of contributing federal political committee. C		Transaction ID: 2ceeaf8081d8977ddc5
Name of Employer America's Health Insurance Plans		Occupation VP, Federal Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	500.00

SUBTOTAL of Receipts This Page (optional)	833.33
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 13 / 34
(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)
Jeffrey Gabardi

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, State Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 15 / 2008
Transaction ID: 150415-14
 Amount of Each Receipt this Period: 125.00

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

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, State Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 30 / 2008
Transaction ID: 280428-13
 Amount of Each Receipt this Period: 125.00

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

Mailing Address 21 New Boston Rd

City Amherst State NH Zip Code 03031-3211

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

Name of Employer: Tufts Health Plan
Occupation: VP, Human Resources and Diversity

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 23 / 2008
Transaction ID: 1a26d5e144761ecbd3e
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 14 / 34
(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)
Don Hamm

Mailing Address 501 W Michigan Street
PO Box 3050

City State Zip Code
Milwaukee WI 53203-2706

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

Name of Employer Assurant Health Occupation CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: Oeeddf2f2e30170c79b

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
Donna Horoschak

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 Vice President, Product Policy

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 666.64

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: 150415-18

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)
Donna Horoschak

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 Vice President, Product Policy

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 666.64

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 280428-17

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

2166.66

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 15 / 34
	<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) Joseph Imbimbo	Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 8
	Mailing Address 474 Revere Beach Blvd Apt 1105	Transaction ID: 178cf1a8e3a460cf6bc
	City Revere State MA Zip Code 02151-4726	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Tufts Health Plan Occupation VP Technology Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Scott Keefer	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 150415-20
	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 Director of Policy Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36	

C.	Full Name (Last, First, Middle Initial) Scott Keefer	Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 280428-19
	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 Director of Policy Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional)	333.34
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 16 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 601 Pennsylvania 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 ▼ 333.36

Date of Receipt: 04 / 15 / 2008
Transaction ID: 150415-22
 Amount of Each Receipt this Period: 41.67

B. 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 ▼ 333.36

Date of Receipt: 04 / 30 / 2008
Transaction ID: 280428-21
 Amount of Each Receipt this Period: 41.67

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

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, Center for Health Policy & Resear

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 15 / 2008
Transaction ID: 150415-24
 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: (check only one)	PAGE 17 / 34
	<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) Jeff Lemieux		Date of Receipt MM / DD / YYYY 04 / 30 / 2008		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 280428-23		
	City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer America's Health Insurance Plans		Occupation Svp, Center for Health Policy & Resear		
	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) Marion Minichiello		Date of Receipt MM / DD / YYYY 04 / 23 / 2008		
	Mailing Address 4 Raymond Road Ext		Transaction ID: 258266cf66ff1c4ea21		
	City Burlington	State MA	Zip Code 01803-2828	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Tufts Health Plan		Occupation VP, Sales		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Linda Navarra		Date of Receipt MM / DD / YYYY 04 / 18 / 2008		
	Mailing Address 12 Waterview Dr		Transaction ID: 887bee5deb2c5ff51bb		
	City Saratoga Springs	State NY	Zip Code 12866-8724	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CDPHP		Occupation SVP, Chief Information Officer		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	625.00
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 18 / 34
(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) David Oliker		Date of Receipt MM / DD / YYYY 04 / 02 / 2008
Mailing Address 625 State Street		Transaction ID: 049a2a8c43096cff767
City Schenectady	State NY	Zip Code 12305-2111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer MVP Health Care	Occupation CEO	
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) Betsy Pelovitz		Date of Receipt MM / DD / YYYY 04 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 150415-34
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt MM / DD / YYYY 04 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 280428-33
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2125.00
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 / 34
	<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	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 150415-35
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 116.16
	FEC ID number of contributing federal political committee. C	
	Name of Employer America's Health Insurance Plans Occupation Vice President Strategic Communication Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 929.28	

B.	Full Name (Last, First, Middle Initial) Susan Pisano	Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 280428-34
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 116.16
	FEC ID number of contributing federal political committee. C	
	Name of Employer America's Health Insurance Plans Occupation Vice President Strategic Communication Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 929.28	

C.	Full Name (Last, First, Middle Initial) Richard Popiel	Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Mailing Address 365 Christopher Drive	Transaction ID: c9e5c9c5243904dae2b
	City Princeton State NJ Zip Code 08540	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Horizon BCBSNJ Occupation VP & CMO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	2232.32
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 20 / 34
(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) Richard Ramsay		Date of Receipt MM / DD / YYYY 04 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 150415-36
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 Vice President, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	

B.

Full Name (Last, First, Middle Initial) Richard Ramsay		Date of Receipt MM / DD / YYYY 04 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 280428-35
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 Vice President, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	

C.

Full Name (Last, First, Middle Initial) Bob Rehm		Date of Receipt MM / DD / YYYY 04 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 150415-39
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Vice President, Public Health & Clinic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	197.91
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 21 / 34
(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) Bob Rehm		Date of Receipt MM / DD / YYYY 04 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 280428-38
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Vice President, Public Health & Clinic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Lisa Shreve		Date of Receipt MM / DD / YYYY 04 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 150415-40
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 Vice President, Professional Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

C.

Full Name (Last, First, Middle Initial) Lisa Shreve		Date of Receipt MM / DD / YYYY 04 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 280428-39
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 Vice President, Professional Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional)	114.59
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 / 34
(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) Buck Stinson		Date of Receipt MM / DD / YYYY 04 / 10 / 2008
Mailing Address 6620 W Broad Street Building 4		Transaction ID: 230b42a2bd07ca65856
City Richmond	State Zip Code VA 23230-1721	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Genworth Financial	Occupation CEO	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt MM / DD / YYYY 04 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 150415-41
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.35
Name of Employer America's Health Insurance Plans	Occupation Svp, Government Affairs	Aggregate Year-to-Date ▼ 1634.80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt MM / DD / YYYY 04 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 280428-40
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.35
Name of Employer America's Health Insurance Plans	Occupation Svp, Government Affairs	Aggregate Year-to-Date ▼ 1634.80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1408.70
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 / 34
(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)
Grover Thomas

Mailing Address 400 Field Drive

City State Zip Code
Lake Forest IL 60045-4809

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

Name of Employer Trustmark Companies Occupation Chairman of the Board

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: e6fdb3c0be22e78ee27

Amount of Each Receipt this Period
2000.00

B.

Full Name (Last, First, Middle Initial)
Patricia Trebino

Mailing Address 142 Manning St

City State Zip Code
Needham MA 02494-1541

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

Name of Employer Tufts Health Plan Occupation SVP of Operations, CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: b1a2f62160673e25c7b

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Michael Tuffin

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 Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.64

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: 150415-45

Amount of Each Receipt this Period
208.33

SUBTOTAL of Receipts This Page (optional) ► **2708.33**

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 24 / 34

(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)
Michael Tuffin

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 Executive Vice President
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1666.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 280428-44

Amount of Each Receipt this Period

208.33

B.

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

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 Chief Actuary/Vice President, Product
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 333.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: 150415-46

Amount of Each Receipt this Period

41.67

C.

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

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 Chief Actuary/Vice President, Product
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 333.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 280428-45

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 25 / 34
(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) Mark Van Koevering		Date of Receipt MM / DD / YYYY 04 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 150415-47
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, Federal Legislative A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.

Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt MM / DD / YYYY 04 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 280428-46
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, Federal Legislative A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.

Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt MM / DD / YYYY 04 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 150415-48
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, State Publications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	121.25
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 34
(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)
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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 280428-47

Amount of Each Receipt this Period
31.25

B.

Full Name (Last, First, Middle Initial)
Ronald Williams

Mailing Address 151 Farmington Avenue

City Hartford State CT Zip Code 06156-0001

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

Name of Employer Aetna Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5653bfceca3d369b2a1

Amount of Each Receipt this Period
2000.00

C.

Full Name (Last, First, Middle Initial)
Duane Wright

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, Legislative Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: 150415-50

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional) ► 2093.75

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 / 34	
	(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) Duane Wright		Date of Receipt		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8		
	City Washington	State DC	Zip Code 20004	Transaction ID: 280428-49	
	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 ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	62.50
TOTAL This Period (last page this line number only)	21897.68

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 34
(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

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)
Aetna Inc. Political Action Committee

Mailing Address 151 Farmington Ave.
Rw4A

City State Zip Code
Hartford CT 06156

FEC ID number of contributing federal political committee. **C** C00181826

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2008

Transaction ID: 8a4cba8ec9bbec380f9

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Aflac Incorporated Political Action Committee Aflacpac

Mailing Address 1932 Wynnton Road

City State Zip Code
Columbus GA 31999

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2008

Transaction ID: bb49d8fb2ff848dc981

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Assurant Inc. Political Action Committee

Mailing Address 501 W. Michigan Street
PO Box 3050

City State Zip Code
Milwaukee WI 53203

FEC ID number of contributing federal political committee. **C** C00185694

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2008

Transaction ID: 6c2aa9ff8b1b310d5f3

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **15000.00**

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 29 / 34
(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)
Cvs/Caremark Corporation Employees Pac

Mailing Address 9501 East Shea Boulevard
Mail Stop 102

City State Zip Code
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C** C00384818

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: 7a344ab841cc3ea4c55

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Humana Inc. Political Action Committee

Mailing Address 1776 Eye Street NW
Suite 890

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00271007

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: 1acd21a4f0b9f303c6f

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Independent Health Association Inc Political Alliance

Mailing Address 2495 Kensington Avenue

City State Zip Code
Buffalo NY 14226

FEC ID number of contributing federal political committee. **C** C00323758

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: ac3b2c164fad2b8c6eb

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **12000.00**

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 30 / 34
(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)
Mvp Health Care Inc Federal Pac

Mailing Address 625 State Street

City State Zip Code
Schenectady NY 12305

FEC ID number of contributing federal political committee. **C** C00431429

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: 34185408255affe2f8a

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Principal Life Insurance Company Political Action Committee

Mailing Address 711 High Street
Government Relations

City State Zip Code
Des Moines IA 50392

FEC ID number of contributing federal political committee. **C** C00128918

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: b2d045785b785939dcd

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Trustmark Insurance Company Political Action Committee (Trustpac)

Mailing Address 400 Field Drive

City State Zip Code
Lake Forrest IL 60045

FEC ID number of contributing federal political committee. **C** C00156166

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 50aa9ba1e5078c3c465

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► 15000.00

TOTAL This Period (last page this line number only) ► 42000.00

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

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

FOR LINE NUMBER: PAGE 31 / 34
(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)
Citibank

Mailing Address 1101 Pennsylvania Ave, NW
11th Floor

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
534.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 8

Transaction ID: b53ef092e61072cc146

Amount of Each Receipt this Period
12.00

Wire Transfer Fee Reimbursement

B.

Full Name (Last, First, Middle Initial)
Citibank

Mailing Address 1101 Pennsylvania Ave, NW
11th Floor

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
534.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 8

Transaction ID: fa98c5596a24cc01d4b

Amount of Each Receipt this Period
163.62

Merchant Service Fees Reimbursement

SUBTOTAL of Receipts This Page (optional)	175.62
TOTAL This Period (last page this line number only)	175.62

**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 32 / 34

<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: 989b2d6e0399114e391 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>4</td><td></td><td>0</td><td>1</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	4		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		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: 48c74fd7bf363955185 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>4</td><td></td><td>1</td><td>6</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	4		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	6		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: a5295ce44cad8d6c22f 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>4</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	4		2	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		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)

PAGE 33 / 34

<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: 45fd83b7ecb488e6dd9
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor	Date of Disbursement MM / DD / YYYY 04 / 04 / 2008
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period 67.50
	Purpose of Disbursement Merchant Service Fee Candidate Name	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) Citibank	Transaction ID: 50852879ffcd6917822
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor	Date of Disbursement MM / DD / YYYY 04 / 10 / 2008
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period 31.66
	Purpose of Disbursement Merchant Service Fee Candidate Name	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)	99.16
TOTAL This Period (last page this line number only)	135.16

Image# 28991031390

Form/Schedule: **F3XN**

Transaction ID:

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.
