

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 11 25 2008 through 12 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 Mr. Robert Borchardt

Signature of Treasurer Electronically Filed by Mr. Robert Borchardt Date 01 30 2009

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
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

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	66736.06									
(c) Total Receipts (from Line 19)	13291.92	266281.20								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	80027.98	433770.96								
7. Total Disbursements (from Line 31)	-2907.44	350835.54								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	82935.42	82935.42								
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
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

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	12859.87	150604.94
(i) Itemized (use Schedule A)	432.05	16851.31
(ii) Unitemized	13291.92	167456.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	94500.00
(c) Other Political Committees (such as PACs)	13291.92	261956.25
(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)	0.00	1324.95
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	3000.00
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))	13291.92	266281.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13291.92	266281.20

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.....	92.56	1585.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	92.56	1585.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-3000.00	326000.00
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	23250.00
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))..	-2907.44	350835.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-2907.44	350835.54

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)	13291.92	261956.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13291.92	261956.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	92.56	1585.54
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1324.95
38. Net Operating Expenditures (subtract Line 37 from Line 36)	92.56	260.59

**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 / 54
	<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) Gary Bacher		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
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		Transaction ID: 01121-1
	Amount of Each Receipt this Period		<input type="text"/>
Name of Employer AHIP		Occupation Senior VP	<input type="text"/> 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 625.00	

B.	Full Name (Last, First, Middle Initial) Gary Bacher		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
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		Transaction ID: 301230-1
	Amount of Each Receipt this Period		<input type="text"/>
Name of Employer AHIP		Occupation Senior VP	<input type="text"/> 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 625.00	

C.	Full Name (Last, First, Middle Initial) Gary Bacher		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
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		Transaction ID: 241224-1
	Amount of Each Receipt this Period		<input type="text"/>
Name of Employer AHIP		Occupation Senior VP	<input type="text"/> 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 625.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 375.00
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 7 / 54
(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)
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 ▼ 1375.00

Date of Receipt 11 / 30 / 2008
Transaction ID: 01121-2
 Amount of Each Receipt this Period 62.50

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**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.92

Date of Receipt 11 / 30 / 2008
Transaction ID: 01121-3
 Amount of Each Receipt this Period 208.33

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 ▼ 4999.92

Date of Receipt 12 / 15 / 2008
Transaction ID: 301230-2
 Amount of Each Receipt this Period 208.33

SUBTOTAL of Receipts This Page (optional) ► 479.16

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: (check only one)	PAGE 8 / 54
	<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		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 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 241224-2
Name of Employer America's Health Insurance Plans		Occupation Executive Vice President, Clinical Aff	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 ▼ 4999.92	208.33

B.	Full Name (Last, First, Middle Initial) Robert Borchardt		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 1 1 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 01121-4
Name of Employer America's Health Insurance Plans		Occupation Senior Vice President Finance & Operat	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 ▼ 783.37	41.67

C.	Full Name (Last, First, Middle Initial) Robert Borchardt		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 1 2 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 301230-3
Name of Employer America's Health Insurance Plans		Occupation Senior Vice President Finance & Operat	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 ▼ 783.37	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: (check only one)	PAGE 9 / 54
	<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) Robert Borchardt	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 241224-3
	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 ▼ 783.37	

B.	Full Name (Last, First, Middle Initial) Dianne Bricker	Date of Receipt MM / DD / YYYY 11 / 30 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 01121-5
	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: Regional Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.08	

C.	Full Name (Last, First, Middle Initial) Dianne Bricker	Date of Receipt MM / DD / YYYY 12 / 15 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 301230-4
	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: Regional Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.08	

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 10 / 54
(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 12 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 241224-4
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 ▼ 1000.08	

B.

Full Name (Last, First, Middle Initial) Elizabeth Brooks		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 01121-6
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.42
Name of Employer America's Health Insurance Plans	Occupation Policy Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	

C.

Full Name (Last, First, Middle Initial) Elizabeth Brooks		Date of Receipt MM / DD / YYYY 12 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301230-5
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.42
Name of Employer America's Health Insurance Plans	Occupation Policy Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	

SUBTOTAL of Receipts This Page (optional)	▶	62.51
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 54
(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)
Elizabeth Brooks

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 Policy Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt 12 / 31 / 2008
Transaction ID: 241224-5
Amount of Each Receipt this Period 10.42

B. 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 ▼ 2562.50

Date of Receipt 11 / 30 / 2008
Transaction ID: 01121-18
Amount of Each Receipt this Period 62.50

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 ▼ 2562.50

Date of Receipt 12 / 15 / 2008
Transaction ID: 301230-17
Amount of Each Receipt this Period 62.50

SUBTOTAL of Receipts This Page (optional) ► 135.42

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 / 54
(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 12 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 241224-17
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 Director Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2562.50	

B.

Full Name (Last, First, Middle Initial) Winthrop Cashdollar		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 01121-8
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 ▼ 1375.00	

C.

Full Name (Last, First, Middle Initial) Winthrop Cashdollar		Date of Receipt MM / DD / YYYY 12 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301230-7
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 ▼ 1375.00	

SUBTOTAL of Receipts This Page (optional)	187.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 54
	<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) Winthrop Cashdollar	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 241224-7
	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 ▼ 1375.00	

B.	Full Name (Last, First, Middle Initial) Yvonne Chanatry	Date of Receipt MM / DD / YYYY 11 / 30 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 01121-9
	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 ▼ 1999.92	

C.	Full Name (Last, First, Middle Initial) Yvonne Chanatry	Date of Receipt MM / DD / YYYY 12 / 15 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 301230-8
	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 ▼ 1999.92	

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 14 / 54
(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)
Yvonne Chanatry

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, Marketing and Graphics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt 12 / 31 / 2008
Transaction ID: 241224-8
Amount of Each Receipt this Period 83.33

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

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, Policy Research

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 229.13

Date of Receipt 12 / 15 / 2008
Transaction ID: 301230-9
Amount of Each Receipt this Period 20.83

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

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, Policy Research

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 229.13

Date of Receipt 12 / 31 / 2008
Transaction ID: 241224-9
Amount of Each Receipt this Period 20.83

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: (check only one)	PAGE 15 / 54
	<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
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		Transaction ID: 01121-12
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/>	62.50
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 ▼	
		<input type="text"/>	1500.00

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
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		Transaction ID: 301230-11
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/>	62.50
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 ▼	
		<input type="text"/>	1500.00

C.	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
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		Transaction ID: 241224-11
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/>	62.50
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 ▼	
		<input type="text"/>	1500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>	187.50
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 16 / 54
(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)
Stephanie Dougherty

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, Professional Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 272.83

Date of Receipt 11 / 30 / 2008
Transaction ID: 01121-14
Amount of Each Receipt this Period 12.50

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

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, Professional Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 272.83

Date of Receipt 12 / 15 / 2008
Transaction ID: 301230-13
Amount of Each Receipt this Period 12.50

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

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, Professional Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 272.83

Date of Receipt 12 / 31 / 2008
Transaction ID: 241224-13
Amount of Each Receipt this Period 12.50

SUBTOTAL of Receipts This Page (optional) ► 37.50

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 17 / 54
(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)
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 ▼ 2227.29

Date of Receipt 11 / 30 / 2008
Transaction ID: 01121-15
Amount of Each Receipt this Period 104.00

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 ▼ 2227.29

Date of Receipt 12 / 15 / 2008
Transaction ID: 301230-14
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 ▼ 2227.29

Date of Receipt 12 / 31 / 2008
Transaction ID: 241224-14
Amount of Each Receipt this Period 104.00

SUBTOTAL of Receipts This Page (optional) ► 312.00

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 / 54
(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)
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 ▼ 3000.00

Date of Receipt MM / DD / YYYY 11 / 30 / 2008

Transaction ID: 01121-16

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 ▼ 3000.00

Date of Receipt MM / DD / YYYY 12 / 15 / 2008

Transaction ID: 301230-15

Amount of Each Receipt this Period 125.00

C.

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 ▼ 3000.00

Date of Receipt MM / DD / YYYY 12 / 31 / 2008

Transaction ID: 241224-15

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ► 375.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 54
(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)
Leanne Gassaway

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 ▼ 243.72

Date of Receipt: 12 / 15 / 2008
Transaction ID: 301230-16
 Amount of Each Receipt this Period: 27.08

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

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 ▼ 243.72

Date of Receipt: 12 / 31 / 2008
Transaction ID: 241224-16
 Amount of Each Receipt this Period: 27.08

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

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, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt: 11 / 30 / 2008
Transaction ID: 01121-20
 Amount of Each Receipt this Period: 10.42

SUBTOTAL of Receipts This Page (optional) ▶ 64.58

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 20 / 54
	(check only one)
<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"/>	<input type="checkbox"/> 15
<input type="checkbox"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<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 Hill	Date of Receipt MM / DD / YYYY 12 / 15 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 301230-19
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 10.42
	FEC ID number of contributing federal political committee. C	
	Name of Employer America's Health Insurance Plans Occupation Director, Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.08	

B.	Full Name (Last, First, Middle Initial) Julie Hill	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 241224-19
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 10.42
	FEC ID number of contributing federal political committee. C	
	Name of Employer America's Health Insurance Plans Occupation Director, Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.08	

C.	Full Name (Last, First, Middle Initial) Joni Hong	Date of Receipt MM / DD / YYYY 11 / 30 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 01121-21
	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 Senior Associate Counsel, Special Proj Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.92	

SUBTOTAL of Receipts This Page (optional)	41.67
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 21 / 54
(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) Joni Hong		Date of Receipt MM / DD / YYYY 12 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301230-20
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 ▼ 499.92	

B.

Full Name (Last, First, Middle Initial) Joni Hong		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 241224-20
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 ▼ 499.92	

C.

Full Name (Last, First, Middle Initial) Karen Ignagni		Date of Receipt MM / DD / YYYY 12 / 23 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		Transaction ID: b9850bce9b9f2127c84
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer America's Health Insurance Plans	Occupation President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	5041.66
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 22 / 54
(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) Alethia Jackson		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 01121-23
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 ▼ 916.63	

B.

Full Name (Last, First, Middle Initial) Alethia Jackson		Date of Receipt MM / DD / YYYY 12 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301230-22
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 ▼ 916.63	

C.

Full Name (Last, First, Middle Initial) Alethia Jackson		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 241224-22
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 ▼ 916.63	

SUBTOTAL of Receipts This Page (optional)	▶	249.99
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 54
(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) Scott Keefer		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 01121-25
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 Director of Policy Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	

B.

Full Name (Last, First, Middle Initial) Scott Keefer		Date of Receipt MM / DD / YYYY 12 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301230-24
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 Director of Policy Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	

C.

Full Name (Last, First, Middle Initial) Scott Keefer		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 241224-24
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 Director of Policy Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	

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 24 / 54
(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) Barbara Lardy		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 01121-26
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 Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	

B.

Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt MM / DD / YYYY 12 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301230-25
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 Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	

C.

Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 241224-25
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 Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	

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 25 / 54
(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) Larry Larson		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 01121-27
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 ▼ 499.92	

B.

Full Name (Last, First, Middle Initial) Larry Larson		Date of Receipt MM / DD / YYYY 12 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301230-26
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 ▼ 499.92	

C.

Full Name (Last, First, Middle Initial) Larry Larson		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 241224-26
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 ▼ 499.92	

SUBTOTAL of Receipts This Page (optional)	▶	62.49
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 26 / 54
(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)
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 & Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 11 / 30 / 2008
Transaction ID: 01121-28
 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 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 & Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 12 / 15 / 2008
Transaction ID: 301230-27
 Amount of Each Receipt this Period: 125.00

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 & Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: 241224-27
 Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ► 375.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 54
(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 ▼ 666.69

Date of Receipt 11 / 30 / 2008
Transaction ID: 01121-29
Amount of Each Receipt this Period 41.67

B. 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 ▼ 666.69

Date of Receipt 12 / 15 / 2008
Transaction ID: 301230-28
Amount of Each Receipt this Period 41.67

C. 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 ▼ 666.69

Date of Receipt 12 / 31 / 2008
Transaction ID: 241224-28
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 28 / 54
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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) Holly Macmoran		Date of Receipt MM / DD / YYYY 12 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301230-30
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 Program Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.13	

B.

Full Name (Last, First, Middle Initial) Holly Macmoran		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 241224-30
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 Program Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.13	

C.

Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 01121-32
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer America's Health Insurance Plans	Occupation Director of Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	56.66
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 29 / 54
	<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) Debi Manning		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 301230-31
Name of Employer America's Health Insurance Plans		Occupation Director of Human Resources	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 ▼ 360.00	15.00

B.	Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 241224-31
Name of Employer America's Health Insurance Plans		Occupation Director of Human Resources	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 ▼ 360.00	15.00

C.	Full Name (Last, First, Middle Initial) Anthony Meoni		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 01121-35
Name of Employer America's Health Insurance Plans		Occupation Vice President, IT	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 ▼ 252.00	10.50

SUBTOTAL of Receipts This Page (optional)	40.50
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 30 / 54
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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) Anthony Meoni		Date of Receipt MM / DD / YYYY 12 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301230-34
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer America's Health Insurance Plans	Occupation Vice President, IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

B.

Full Name (Last, First, Middle Initial) Anthony Meoni		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 241224-34
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer America's Health Insurance Plans	Occupation Vice President, IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

C.

Full Name (Last, First, Middle Initial) Thomas Meyers		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 01121-36
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	▶	41.00
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 31 / 54
(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) Thomas Meyers		Date of Receipt MM / DD / YYYY 12 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301230-35
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 480.00	

B.

Full Name (Last, First, Middle Initial) Thomas Meyers		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 241224-35
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 480.00	

C.

Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 01121-38
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
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 ▼ 600.00	

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: PAGE 32 / 54
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 12 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301230-37
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
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 ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 241224-37
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
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 ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Lisa Miller		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 01121-39
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.42
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, Meeting Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	

SUBTOTAL of Receipts This Page (optional)	▶	60.42
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 33 / 54
(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 Miller

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, Meeting Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt 12 / 15 / 2008
Transaction ID: 301230-38
 Amount of Each Receipt this Period 10.42

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

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, Meeting Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt 12 / 31 / 2008
Transaction ID: 241224-38
 Amount of Each Receipt this Period 10.42

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

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 Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.92

Date of Receipt 11 / 30 / 2008
Transaction ID: 01121-40
 Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional) ► 41.67

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 34 / 54
(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)
Martin Mitchell

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 Product Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.92

Date of Receipt 12 / 15 / 2008

Transaction ID: 301230-39

Amount of Each Receipt this Period 20.83

B.

Full Name (Last, First, Middle Initial)
Martin Mitchell

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 Product Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.92

Date of Receipt 12 / 31 / 2008

Transaction ID: 241224-39

Amount of Each Receipt this Period 20.83

C.

Full Name (Last, First, Middle Initial)
Betsy Pelovitz

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1729.13

Date of Receipt 11 / 30 / 2008

Transaction ID: 01121-41

Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional) ► 124.99

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 54
	<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) Betsy Pelovitz		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="12"/> / <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: 301230-40
Name of Employer America's Health Insurance Plans		Occupation Executive Director	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="83.33"/>
		<input type="text" value="1729.13"/>	

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" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 241224-40
Name of Employer America's Health Insurance Plans		Occupation Executive Director	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="83.33"/>
		<input type="text" value="1729.13"/>	

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" value="11"/> / <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: 01121-42
Name of Employer America's Health Insurance Plans		Occupation Vice President Strategic Communication	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="116.16"/>
		<input type="text" value="2787.84"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="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 36 / 54
(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) Susan Pisano		Date of Receipt MM / DD / YYYY 12 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301230-41
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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 ▼ 2787.84	

B.

Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 241224-41
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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 ▼ 2787.84	

C.

Full Name (Last, First, Middle Initial) Lawrence Platt		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 241224-42
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	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

SUBTOTAL of Receipts This Page (optional)	▶	273.99
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 37 / 54
(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)
Richard Ramsay

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, State Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt: 11 / 30 / 2008
Transaction ID: 01121-44
 Amount of Each Receipt this Period: 83.33

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

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, State Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt: 12 / 15 / 2008
Transaction ID: 301230-43
 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 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, State Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt: 12 / 31 / 2008
Transaction ID: 241224-43
 Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ► 249.99

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

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

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

FOR LINE NUMBER: PAGE 38 / 54
(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)
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 ▼ 499.92

Date of Receipt: 11 / 30 / 2008
Transaction ID: 01121-46
 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 ▼ 499.92

Date of Receipt: 12 / 15 / 2008
Transaction ID: 301230-45
 Amount of Each Receipt this Period: 20.83

C. 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 ▼ 499.92

Date of Receipt: 12 / 31 / 2008
Transaction ID: 241224-45
 Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ► 62.49

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

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

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

FOR LINE NUMBER: PAGE 39 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 ▼ 750.00

Date of Receipt 11 / 30 / 2008
Transaction ID: 01121-47
Amount of Each Receipt this Period 31.25

B. 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 ▼ 750.00

Date of Receipt 12 / 15 / 2008
Transaction ID: 301230-46
Amount of Each Receipt this Period 31.25

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 ▼ 750.00

Date of Receipt 12 / 31 / 2008
Transaction ID: 241224-46
Amount of Each Receipt this Period 31.25

SUBTOTAL of Receipts This Page (optional) ▶ 93.75

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 40 / 54
(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) Sue Rohan		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 01121-48
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.63	

B.

Full Name (Last, First, Middle Initial) Sue Rohan		Date of Receipt MM / DD / YYYY 12 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301230-47
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.63	

C.

Full Name (Last, First, Middle Initial) Sue Rohan		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 241224-47
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.63	

SUBTOTAL of Receipts This Page (optional)	▶	249.99
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 41 / 54
(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 ▼ 1000.08

Date of Receipt: 11 / 30 / 2008
Transaction ID: 01121-49
 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 ▼ 1000.08

Date of Receipt: 12 / 15 / 2008
Transaction ID: 301230-48
 Amount of Each Receipt this Period: 41.67

C. 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 ▼ 1000.08

Date of Receipt: 12 / 31 / 2008
Transaction ID: 241224-48
 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 42 / 54
(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) Scott Styles		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 01121-50
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 219.45
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 ▼ 4998.98	

B.

Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt MM / DD / YYYY 12 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301230-49
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 219.45
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 ▼ 4998.98	

C.

Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 241224-49
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 219.45
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 ▼ 4998.98	

SUBTOTAL of Receipts This Page (optional)	658.35
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 43 / 54
(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) Jessica Talbert		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 01121-51
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 PAC Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.48	

B.

Full Name (Last, First, Middle Initial) Jessica Talbert		Date of Receipt MM / DD / YYYY 12 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301230-50
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 PAC Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.48	

C.

Full Name (Last, First, Middle Initial) Jessica Talbert		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 241224-50
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 PAC Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.48	

SUBTOTAL of Receipts This Page (optional)	▶	62.49
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 54
	<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		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="11"/> / <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: 01121-52
Name of Employer America's Health Insurance Plans		Occupation Executive Vice President	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 ▼ 4999.92	<input type="text" value="208.33"/>

B.	Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="12"/> / <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: 301230-51
Name of Employer America's Health Insurance Plans		Occupation Executive Vice President	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 ▼ 4999.92	<input type="text" value="208.33"/>

C.	Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 241224-52
Name of Employer America's Health Insurance Plans		Occupation Executive Vice President	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 ▼ 4999.92	<input type="text" value="208.33"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="624.99"/>
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 45 / 54
	<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
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 01121-53
Name of Employer America's Health Insurance Plans		Occupation Director, Federal Legislative 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 ▼	<input type="text"/> 45.00
		<input type="text"/> 1080.00	

B.	Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 301230-52
Name of Employer America's Health Insurance Plans		Occupation Director, Federal Legislative 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 ▼	<input type="text"/> 45.00
		<input type="text"/> 1080.00	

C.	Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 241224-53
Name of Employer America's Health Insurance Plans		Occupation Director, Federal Legislative 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 ▼	<input type="text"/> 45.00
		<input type="text"/> 1080.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 135.00
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 46 / 54
(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) Gina Veazey		Date of Receipt MM / DD / YYYY 12 / 15 / 2008
Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301230-53
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 Managing Editor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.13	

B.

Full Name (Last, First, Middle Initial) Gina Veazey		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 241224-54
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 Managing Editor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.13	

C.

Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 01121-55
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 ▼ 750.00	

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 47 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 601 Pennsylvania 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 ▼ 750.00

Date of Receipt: 12 / 15 / 2008
Transaction ID: 301230-54
 Amount of Each Receipt this Period: 31.25

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 ▼ 750.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: 241224-55
 Amount of Each Receipt this Period: 31.25

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 ▼ 1500.00

Date of Receipt: 11 / 30 / 2008
Transaction ID: 01121-57
 Amount of Each Receipt this Period: 62.50

SUBTOTAL of Receipts This Page (optional) ► 125.00

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 48 / 54
	<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
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="12"/> / <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: 301230-56
Name of Employer America's Health Insurance Plans		Occupation Executive Director, Legislative Affair	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="1500.00"/>	<input type="text" value="62.50"/>

B.	Full Name (Last, First, Middle Initial) Duane Wright		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 241224-57
Name of Employer America's Health Insurance Plans		Occupation Executive Director, Legislative Affair	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="1500.00"/>	<input type="text" value="62.50"/>

C.	Full Name (Last, First, Middle Initial) Marilyn Zigmund Luke		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="11"/> / <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: 01121-58
Name of Employer America's Health Insurance Plans		Occupation Director Private Market Regulation	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="240.00"/>	<input type="text" value="10.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="135.00"/>
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 49 / 54
	<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) Marilyn Zigmund Luke		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="12"/> / <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: 301230-57
Name of Employer America's Health Insurance Plans		Occupation Director Private Market Regulation	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="10.00"/>
		<input type="text" value="240.00"/>	

B.	Full Name (Last, First, Middle Initial) Marilyn Zigmund Luke		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 241224-58
Name of Employer America's Health Insurance Plans		Occupation Director Private Market Regulation	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="10.00"/>
		<input type="text" value="240.00"/>	

C.	Full Name (Last, First, Middle Initial) Robert Zirkelbach		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="11"/> / <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: 01121-59
Name of Employer America's Health Insurance Plans		Occupation Senior Manager, Media Relations	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="41.67"/>
		<input type="text" value="624.96"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="61.67"/>
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 50 / 54

(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)
Robert Zirkelbach

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 Senior Manager, Media Relations
Plans

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
624.96

Date of Receipt

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

Transaction ID: 301230-58

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)
Robert Zirkelbach

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 Senior Manager, Media Relations
Plans

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
624.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 241224-59

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

83.34

TOTAL This Period (last page this line number only)

12859.87

**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 Mailing Address 730 15th Street, NW Second Floor City Washington State DC Zip Code 20005 Purpose of Disbursement Wire Transfer 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: c083fdf4c2ce025945c Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 8	Amount of Each Disbursement this Period 12.00
B.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, NW Second Floor City Washington State DC Zip Code 20005 Purpose of Disbursement Wire Transfer Fee Candidate Name 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: 5e8aa9a4d9715a6cab0 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 8	Amount of Each Disbursement this Period 12.00
C.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, NW Second Floor City Washington State DC Zip Code 20005 Purpose of Disbursement Wire Transfer Fee Candidate Name 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: e86695affc9b350daa4 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 12.00

SUBTOTAL of Disbursements This Page (optional)	36.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

PAGE 52 / 54

<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: 31e3a49efcf8e98e848 Date of Disbursement
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor	<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period
	Purpose of Disbursement AMEX Service Fee Candidate Name	<input type="text" value="4.50"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

B.	Full Name (Last, First, Middle Initial) Citibank	Transaction ID: 49d44b0556312c3df57 Date of Disbursement
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor	<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Service Fee Candidate Name	<input type="text" value="20.40"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

C.	Full Name (Last, First, Middle Initial) Citibank	Transaction ID: 603c8b1fc6cc3e138cb Date of Disbursement
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor	<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Service Fee Candidate Name	<input type="text" value="31.66"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="56.56"/>
TOTAL This Period (last page this line number only)	<input type="text" value="92.56"/>

**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)

<p>A. Full Name (Last, First, Middle Initial) David Scott for Congress</p> <p>Mailing Address PO Box 960821</p> <p>City Riverdale State GA Zip Code 30296</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name David Albert Scott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 86410-81325930356980</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Nancy Pelosi for Congress</p> <p>Mailing Address 235 Montgomery Street Suite 610</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement Org. Contr 10/14/2008 - Redesignated 201</p> <p>Candidate Name Nancy Pelosi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 72107-3529626727104</p> <p>Date of Disbursement 12 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>[MEMO ITEM]</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Wyden for Senate</p> <p>Mailing Address PO Box 3498</p> <p>City Portland State OR Zip Code 97208</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Ron Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 09678-49590700864792</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period -2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

-3000.00

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

-3000.00

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.