01/27/2005 13 : 27

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

America's Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street) ▼

601 Pennsylvania Avenue, NW

Suite 500 South Building

Check if different than previously reported. (ACC)

Washington | DC | 20004

2. **FEC IDENTIFICATION NUMBER** ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00106740

3. IS THIS REPORT — X 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)
- X 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 23 2004 through 12 31 2004

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

Type or Print Name of Treasurer: Robert Borchardt

Signature of Treasurer: Electronically Filed by Robert Borchardt — Date 01 27 2005

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

Office Use Only							

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
America's Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 11 23 2004 To: 12 31 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2004		32188.70
(b) Cash on Hand at Begining of Reporting Period	88350.73	
(c) Total Receipts (from Line 19)	9202.03	288632.74
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	97552.76	320821.44
7. Total Disbursements (from Line 31)	16609.86	239878.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	80942.90	80942.90
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	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

America's Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 11 23 2004 To: 12 31 2004

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		
(i) Itemized (use Schedule A)	6353.62	
(ii) Unitemized	348.41	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	6702.03	195382.74
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	2500.00	93250.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	9202.03	288632.74
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	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9202.03	288632.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9202.03	288632.74

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	309.86	2678.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	309.86	2678.54
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	12500.00	229000.00
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	3800.00	8200.00
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))	16609.86	239878.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	16609.86	239878.54

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	9202.03	288632.74
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9202.03	288632.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	309.86	2678.54
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	309.86	2678.54

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 46
(check only one)
[X] 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)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Larry Akey
Mailing Address: 601 Penn Ave NW
City: Washington State: DC Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 583.38
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-303
Amount of Each Receipt this Period: 41.67

B.
Full Name (Last, First, Middle Initial): Larry Akey
Mailing Address: 601 Penn Ave NW
City: Washington State: DC Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 583.38
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-153
Amount of Each Receipt this Period: 41.67

C.
Full Name (Last, First, Middle Initial): Larry Akey
Mailing Address: 601 Penn Ave NW
City: Washington State: DC Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 583.38
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-313
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ..... ▶ **125.01**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 46
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Robert Borchardt
Mailing Address: 17434 Avenleigh Dr
City: Ashton | State: MD | Zip Code: 20861-3626
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: VP of Finance
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3015
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial): Robert Borchardt
Mailing Address: 17434 Avenleigh Dr
City: Ashton | State: MD | Zip Code: 20861-3626
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: VP of Finance
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1515
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial): Robert Borchardt
Mailing Address: 17434 Avenleigh Dr
City: Ashton | State: MD | Zip Code: 20861-3626
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: VP of Finance
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3115
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Frances Burkhart
Mailing Address 601 Penn Ave NW
City: Washington State: DC Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director Political Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1166.62
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3046
Amount of Each Receipt this Period: 83.33

B.
Full Name (Last, First, Middle Initial)
Frances Burkhart
Mailing Address 601 Penn Ave NW
City: Washington State: DC Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director Political Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1166.62
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1546
Amount of Each Receipt this Period: 83.33

C.
Full Name (Last, First, Middle Initial)
Frances Burkhart
Mailing Address 601 Penn Ave NW
City: Washington State: DC Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director Political Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1166.62
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3146
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ..... ▶ 249.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Erin Carlson
Mailing Address: 1129 20th St NW #600
City: Washington State: DC Zip Code: 20036-3403
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Deputy Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3012
Amount of Each Receipt this Period: 12.50

B.
Full Name (Last, First, Middle Initial): Erin Carlson
Mailing Address: 1129 20th St NW #600
City: Washington State: DC Zip Code: 20036-3403
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Deputy Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1512
Amount of Each Receipt this Period: 12.50

C.
Full Name (Last, First, Middle Initial): Erin Carlson
Mailing Address: 1129 20th St NW #600
City: Washington State: DC Zip Code: 20036-3403
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Deputy Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3112
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 46
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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Winthrop Cashdollar
Mailing Address: 801 Penn Ave NW
City: Washington State: DC Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Executive Director; Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 812.50
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3034
Amount of Each Receipt this Period: 62.50

B.
Full Name (Last, First, Middle Initial): Winthrop Cashdollar
Mailing Address: 801 Penn Ave NW
City: Washington State: DC Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Executive Director; Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 812.50
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1534
Amount of Each Receipt this Period: 62.50

C.
Full Name (Last, First, Middle Initial): Yvonne Chenery
Mailing Address: 1276 N Wayne St
City: Arlington State: VA Zip Code: 22201-5848
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1075.00
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3011
Amount of Each Receipt this Period: 62.50

SUBTOTAL of Receipts This Page (optional) ..... ▶ 187.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Yvonne Chenoby
Mailing Address: 1276 N Wayne St
City: Arlington | State: VA | Zip Code: 22201-5848
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP | Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1075.00
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1511
Amount of Each Receipt this Period: 62.50

B.
Full Name (Last, First, Middle Initial): Yvonne Chenoby
Mailing Address: 1276 N Wayne St
City: Arlington | State: VA | Zip Code: 22201-5848
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP | Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1075.00
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3111
Amount of Each Receipt this Period: 62.50

C.
Full Name (Last, First, Middle Initial): Gregory Dean
Mailing Address: 601 Penn Ave NW
City: Washington | State: DC | Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP | Occupation: Executive Director; Insurance Educatio
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 875.00
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3052
Amount of Each Receipt this Period: 62.50

SUBTOTAL of Receipts This Page (optional) ..... ▶ 187.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Gregory Dean
Mailing Address: 601 Penn Ave NW
City: Washington State: DC Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Executive Director; Insurance Educatio
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 875.00
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1552
Amount of Each Receipt this Period: 62.50

B.
Full Name (Last, First, Middle Initial): Gregory Dean
Mailing Address: 601 Penn Ave NW
City: Washington State: DC Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Executive Director; Insurance Educatio
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 875.00
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3152
Amount of Each Receipt this Period: 62.50

C.
Full Name (Last, First, Middle Initial): Jill Dowell
Mailing Address: 1313 E Abingdon Dr
City: Alexandria State: VA Zip Code: 22314-1156
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3043
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ..... ▶ 166.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 46
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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Jill Dowell
Mailing Address: 1313 E Abingdon Dr
City: Alexandria | State: VA | Zip Code: 22314-1156
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1543
Amount of Each Receipt this Period: 41.67

B.
Full Name (Last, First, Middle Initial): Jill Dowell
Mailing Address: 1313 E Abingdon Dr
City: Alexandria | State: VA | Zip Code: 22314-1156
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3143
Amount of Each Receipt this Period: 41.59

C.
Full Name (Last, First, Middle Initial): Joanne Duncan
Mailing Address: 5210 Gunpowder Rd
City: Fairfax | State: VA | Zip Code: 22030-6503
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Senior VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 620.00
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3053
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **113.25**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 46
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Joanne Duncan
Mailing Address: 521 D Gunpowder Rd
City: Fairfax | State: VA | Zip Code: 22030-6503
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP | Occupation: Senior VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 620.00
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1553
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial): Joanne Duncan
Mailing Address: 521 D Gunpowder Rd
City: Fairfax | State: VA | Zip Code: 22030-6503
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP | Occupation: Senior VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 620.00
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3153
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial): Brian Fraley
Mailing Address: 601 Penn Ave NW
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP | Occupation: Senior VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1750.00
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3028
Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 185.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 46
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Brian Fraley
Mailing Address: 601 Penn Ave NW
City: Washington State: DC Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Senior VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1750.00
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1528
Amount of Each Receipt this Period: 125.00

B.
Full Name (Last, First, Middle Initial): Brian Fraley
Mailing Address: 601 Penn Ave NW
City: Washington State: DC Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Senior VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1750.00
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3128
Amount of Each Receipt this Period: 125.00

C.
Full Name (Last, First, Middle Initial): Jeffrey Gebardi
Mailing Address: 601 Penn Ave NW
City: Washington State: DC Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: SVP; Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1750.00
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3035
Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 375.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 16 / 46

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Jeffrey Gabardi
Mailing Address: 601 Penn Ave NW
City: Washington | State: DC | Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP | Occupation: SVP; Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1750.00

Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1535
Amount of Each Receipt this Period: 125.00

B.
Full Name (Last, First, Middle Initial): Jeffrey Gabardi
Mailing Address: 601 Penn Ave NW
City: Washington | State: DC | Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP | Occupation: SVP; Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1750.00

Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3135
Amount of Each Receipt this Period: 125.00

C.
Full Name (Last, First, Middle Initial): John Higbee
Mailing Address: 13550 SW 136th Ter
City: Miami | State: FL | Zip Code: 33186-6532
FEC ID number of contributing federal political committee: C
Name of Employer: AvMed | Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 02 2004
Transaction ID: 9828280501055756445
Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 46
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Joni Hong
Mailing Address: 2943 S Dinwiddie St
City: Arlington | State: VA | Zip Code: 22206-1455
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP | Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 364.59
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3023
Amount of Each Receipt this Period: 20.83

B.
Full Name (Last, First, Middle Initial): Joni Hong
Mailing Address: 2943 S Dinwiddie St
City: Arlington | State: VA | Zip Code: 22206-1455
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP | Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 364.59
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1523
Amount of Each Receipt this Period: 20.83

C.
Full Name (Last, First, Middle Initial): Joni Hong
Mailing Address: 2943 S Dinwiddie St
City: Arlington | State: VA | Zip Code: 22206-1455
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP | Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 364.59
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3123
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ..... ▶ 62.49

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 46
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Donna Horoschak
Mailing Address 10301 Grosvenor Pl #901
City: Rockville State: MD Zip Code: 20852-4685
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1041.63
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3032
Amount of Each Receipt this Period: 62.50

B.
Full Name (Last, First, Middle Initial)
Donna Horoschak
Mailing Address 10301 Grosvenor Pl #901
City: Rockville State: MD Zip Code: 20852-4685
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1041.63
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1532
Amount of Each Receipt this Period: 62.50

C.
Full Name (Last, First, Middle Initial)
Donna Horoschak
Mailing Address 10301 Grosvenor Pl #901
City: Rockville State: MD Zip Code: 20852-4685
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1041.63
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3132
Amount of Each Receipt this Period: 62.50

SUBTOTAL of Receipts This Page (optional) ..... ▶ **187.50**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 46
(check only one)
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[ ] 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)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Robert Hudson
Mailing Address: PO Box 749
City: Gainesville | State: FL | Zip Code: 32602-0749
FEC ID number of contributing federal political committee: C
Name of Employer: AvMed Health Plan
Occupation: President/CEO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2270.00
Date of Receipt: 12 02 2004
Transaction ID: 03743005010557442 93
Amount of Each Receipt this Period: 270.00

B.
Full Name (Last, First, Middle Initial): Scott Kipper
Mailing Address: 1215 W Slaughter Ln Apt 713
City: Austin | State: TX | Zip Code: 78749
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Regional Director State Affairs
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 311.36
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3029
Amount of Each Receipt this Period: 22.24

C.
Full Name (Last, First, Middle Initial): Scott Kipper
Mailing Address: 1215 W Slaughter Ln Apt 713
City: Austin | State: TX | Zip Code: 78749
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Regional Director State Affairs
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 311.36
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1529
Amount of Each Receipt this Period: 22.24

SUBTOTAL of Receipts This Page (optional) ..... ▶ **314.48**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 46
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[ ] 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)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Scott Kipper
Mailing Address: 1215 W Slaughter Ln, Apt 713
City: Austin | State: TX | Zip Code: 78748
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Regional Director State Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 311.36
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3129
Amount of Each Receipt this Period: 22.24

B.
Full Name (Last, First, Middle Initial): Tony Lamb
Mailing Address: 713 N Cleveland St
City: Arlington | State: VA | Zip Code: 22201-1911
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-304
Amount of Each Receipt this Period: 10.42

C.
Full Name (Last, First, Middle Initial): Tony Lamb
Mailing Address: 713 N Cleveland St
City: Arlington | State: VA | Zip Code: 22201-1911
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-154
Amount of Each Receipt this Period: 10.42

SUBTOTAL of Receipts This Page (optional) ..... ▶ 43.08

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Tony Lamb
Mailing Address: 713 N Cleveland St
City: Arlington State: VA Zip Code: 22201-1911
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-314
Amount of Each Receipt this Period: 10.34

B.
Full Name (Last, First, Middle Initial): Barbara Lardy
Mailing Address: 1129 20th St NW #600
City: Washington State: DC Zip Code: 20036-3403
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 672.00
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3037
Amount of Each Receipt this Period: 28.00

C.
Full Name (Last, First, Middle Initial): Barbara Lardy
Mailing Address: 1129 20th St NW #600
City: Washington State: DC Zip Code: 20036-3403
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 672.00
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1537
Amount of Each Receipt this Period: 28.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 66.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Barbara Lardy
Mailing Address 1129 20th St NW #600
City: Washington
State: DC
Zip Code: 20036-3403
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 672.00
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3137
Amount of Each Receipt this Period: 28.00

B.
Full Name (Last, First, Middle Initial)
Daniel Leonard
Mailing Address 1633 Ardsley Pl
City: Crofton
State: MD
Zip Code: 21114-2016
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Senior VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3333.32
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3014
Amount of Each Receipt this Period: 208.33

C.
Full Name (Last, First, Middle Initial)
Daniel Leonard
Mailing Address 1633 Ardsley Pl
City: Crofton
State: MD
Zip Code: 21114-2016
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Senior VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3333.32
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1514
Amount of Each Receipt this Period: 208.33

SUBTOTAL of Receipts This Page (optional) ..... ▶ **444.66**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 46
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Daniel Leonard
Mailing Address: 1633 Ardsley Pl
City: Crofton | State: MD | Zip Code: 21114-2016
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Senior VP
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 3333.32
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3114
Amount of Each Receipt this Period: 208.33

B.
Full Name (Last, First, Middle Initial): Frank Lessen
Mailing Address: 11208 Minstrel Tune Dr
City: Germantown | State: MD | Zip Code: 20876-6304
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1291.70
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3048
Amount of Each Receipt this Period: 62.50

C.
Full Name (Last, First, Middle Initial): Frank Lessen
Mailing Address: 11208 Minstrel Tune Dr
City: Germantown | State: MD | Zip Code: 20876-6304
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1291.70
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1548
Amount of Each Receipt this Period: 62.50

SUBTOTAL of Receipts This Page (optional) ..... ▶ 333.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Frank Lessen
Mailing Address 11206 Minstrel Tune Dr
City: Germantown State: MD Zip Code: 20876-6304
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1291.70
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3148
Amount of Each Receipt this Period: 62.50

B.
Full Name (Last, First, Middle Initial)
Robert Menkes
Mailing Address 4815 North Park Ave.
City: Chevy Chase State: MD Zip Code: 20815
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1291.70
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3026
Amount of Each Receipt this Period: 62.50

C.
Full Name (Last, First, Middle Initial)
Robert Menkes
Mailing Address 4815 North Park Ave.
City: Chevy Chase State: MD Zip Code: 20815
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1291.70
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1526
Amount of Each Receipt this Period: 62.50

SUBTOTAL of Receipts This Page (optional) ..... ▶ 187.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Robert Menkes
Mailing Address: 4615 North Park Ave.
City: Chevy Chase | State: MD | Zip Code: 20815
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP | Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1291.70
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3128
Amount of Each Receipt this Period: 62.50

B.
Full Name (Last, First, Middle Initial): Anthony Meoni
Mailing Address: 14125 Clarksville Pike
City: Highland | State: MD | Zip Code: 20777-9524
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP | Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 252.00
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3054
Amount of Each Receipt this Period: 10.50

C.
Full Name (Last, First, Middle Initial): Anthony Meoni
Mailing Address: 14125 Clarksville Pike
City: Highland | State: MD | Zip Code: 20777-9524
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP | Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 252.00
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1554
Amount of Each Receipt this Period: 10.50

SUBTOTAL of Receipts This Page (optional) ..... ▶ 83.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Anthony Meoni
Mailing Address 14125 Clarksville Pike
City: Highland State: MD Zip Code: 20777-9524
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 252.00
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3154
Amount of Each Receipt this Period: 10.50

B.
Full Name (Last, First, Middle Initial)
Susan Pisano
Mailing Address 5510 Lincoln St
City: Bethesda State: MD Zip Code: 20817-3724
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1766.62
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-301
Amount of Each Receipt this Period: 83.33

C.
Full Name (Last, First, Middle Initial)
Susan Pisano
Mailing Address 5510 Lincoln St
City: Bethesda State: MD Zip Code: 20817-3724
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1766.62
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-151
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ..... ▶ **177.16**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[X] 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)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Susan Pisano
Mailing Address 551 D Lincoln St
City: Bethesda State: MD Zip Code: 20817-3724
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1766.62
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-311
Amount of Each Receipt this Period: 83.33

B.
Full Name (Last, First, Middle Initial)
Richard Ramsey
Mailing Address 1276 N Wayne St
City: Arlington State: VA Zip Code: 22201-5848
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Deputy General Counsel
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1999.92
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3025
Amount of Each Receipt this Period: 83.33

C.
Full Name (Last, First, Middle Initial)
Richard Ramsey
Mailing Address 1276 N Wayne St
City: Arlington State: VA Zip Code: 22201-5848
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Deputy General Counsel
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1999.92
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1525
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ..... ▶ **249.99**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 46
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Richard Ramsay
Mailing Address: 1276 N Wayne St
City: Arlington | State: VA | Zip Code: 22201-5848
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Deputy General Counsel
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1699.92
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3125
Amount of Each Receipt this Period: 83.33

B.
Full Name (Last, First, Middle Initial): Ingrid Reeves
Mailing Address: 2822 Jutland Rd
City: Kensington | State: MD | Zip Code: 20895-2840
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 284.00
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3047
Amount of Each Receipt this Period: 11.00

C.
Full Name (Last, First, Middle Initial): Ingrid Reeves
Mailing Address: 2822 Jutland Rd
City: Kensington | State: MD | Zip Code: 20895-2840
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 284.00
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1547
Amount of Each Receipt this Period: 11.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **105.33**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 46
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Ingrid Reeves
Mailing Address 2822 Jutland Rd
City: Kensington | State: MD | Zip Code: 20895-2840
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 264.00
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3147
Amount of Each Receipt this Period: 11.00

B.
Full Name (Last, First, Middle Initial)
Lisa Shreve
Mailing Address 12149 Darnley Rd
City: Woodbridge | State: VA | Zip Code: 22192-6615
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-306
Amount of Each Receipt this Period: 10.42

C.
Full Name (Last, First, Middle Initial)
Lisa Shreve
Mailing Address 12149 Darnley Rd
City: Woodbridge | State: VA | Zip Code: 22192-6615
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-158
Amount of Each Receipt this Period: 10.42

SUBTOTAL of Receipts This Page (optional) ..... ▶ 31.84

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 46
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Lisa Shreve
Mailing Address 12149 Darnley Rd
City: Woodbridge State: VA Zip Code: 22192-6615
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-316
Amount of Each Receipt this Period: 10.34

B.
Full Name (Last, First, Middle Initial)
Scott Styles
Mailing Address 9 E del Ray Ave
City: Alexandria State: VA Zip Code: 22301-1423
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Executive Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 4500.00
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3040
Amount of Each Receipt this Period: 300.00

C.
Full Name (Last, First, Middle Initial)
Scott Styles
Mailing Address 9 E del Ray Ave
City: Alexandria State: VA Zip Code: 22301-1423
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Executive Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 4500.00
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1540
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **610.34**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 46
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Scott Styles
Mailing Address: 9 E del Ray Ave
City: Alexandria | State: VA | Zip Code: 22301-1423
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Executive Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 4500.00
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3140
Amount of Each Receipt this Period: 300.00

B.
Full Name (Last, First, Middle Initial): Roderick Turner
Mailing Address: 601 Penn Ave NW
City: Washington | State: DC | Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: VP; Product Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1083.29
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3036
Amount of Each Receipt this Period: 83.33

C.
Full Name (Last, First, Middle Initial): Roderick Turner
Mailing Address: 601 Penn Ave NW
City: Washington | State: DC | Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: VP; Product Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1083.29
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1536
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ..... ▶ 466.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 46
(check only one)
[X] 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)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Roderick Turner
Mailing Address 801 Penn Ave NW
City: Washington State: DC Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: VP; Product Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1083.29
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3198
Amount of Each Receipt this Period: 83.33

B.
Full Name (Last, First, Middle Initial)
Mark Van Koevering
Mailing Address 236 Manor Circle
City: Takoma Park State: MD Zip Code: 20912
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Deputy Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1055.00
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3041
Amount of Each Receipt this Period: 45.00

C.
Full Name (Last, First, Middle Initial)
Mark Van Koevering
Mailing Address 236 Manor Circle
City: Takoma Park State: MD Zip Code: 20912
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Deputy Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1055.00
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1541
Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **173.33**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 46
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Mark Van Koevering
Mailing Address: 236 Manor Circle
City: Takoma Park State: MD Zip Code: 20912
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Deputy Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1055.00
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3141
Amount of Each Receipt this Period: 45.00

B.
Full Name (Last, First, Middle Initial): Kelly Vogel
Mailing Address: 601 Pennsylvania Ave NW South Building; Suite 500
City: Washington State: DC Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director Federal Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 291.62
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3044
Amount of Each Receipt this Period: 20.83

C.
Full Name (Last, First, Middle Initial): Kelly Vogel
Mailing Address: 601 Pennsylvania Ave NW South Building; Suite 500
City: Washington State: DC Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director Federal Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 291.62
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1544
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ..... ▶ 86.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 46
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Kelly Vogel
Mailing Address: 801 Pennsylvania Ave NW, South Building; Suite 500
City: Washington State: DC Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director Federal Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 291.62
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3144
Amount of Each Receipt this Period: 20.83

B.
Full Name (Last, First, Middle Initial): Eric Weber
Mailing Address: 2711 Jenifer St NW
City: Washington State: DC Zip Code: 20015-1333
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1316.62
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3051
Amount of Each Receipt this Period: 83.33

C.
Full Name (Last, First, Middle Initial): Eric Weber
Mailing Address: 2711 Jenifer St NW
City: Washington State: DC Zip Code: 20015-1333
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1316.62
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1551
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ..... ▶ 187.49

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 46
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Eric Weber
Mailing Address: 2711 Jenifer St NW
City: Washington | State: DC | Zip Code: 20015-1333
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP | Occupation: Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1316.62
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3151
Amount of Each Receipt this Period: 83.33

B.
Full Name (Last, First, Middle Initial): Robert Wehmeyer
Mailing Address: 1821 Kalorama Rd NW
City: Washington | State: DC | Zip Code: 20009-5188
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP | Occupation: Legislative Specialist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 279.20
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3045
Amount of Each Receipt this Period: 12.50

C.
Full Name (Last, First, Middle Initial): Robert Wehmeyer
Mailing Address: 1821 Kalorama Rd NW
City: Washington | State: DC | Zip Code: 20009-5188
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP | Occupation: Legislative Specialist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 279.20
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1545
Amount of Each Receipt this Period: 12.50

SUBTOTAL of Receipts This Page (optional) ..... ▶ **108.33**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 46
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Robert Wehmeyer
Mailing Address 1821 Kalorama Rd NW
City: Washington
State: DC
Zip Code: 20009-5188
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Legislative Specialist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 279.20
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3145
Amount of Each Receipt this Period: 12.50

B.
Full Name (Last, First, Middle Initial)
Kathryn Wilber
Mailing Address 500 Lymington Rd
City: Severna Park
State: MD
Zip Code: 21146-3541
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Special Projects
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3020
Amount of Each Receipt this Period: 10.42

C.
Full Name (Last, First, Middle Initial)
Kathryn Wilber
Mailing Address 500 Lymington Rd
City: Severna Park
State: MD
Zip Code: 21146-3541
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Special Projects
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1520
Amount of Each Receipt this Period: 10.42

SUBTOTAL of Receipts This Page (optional) ..... ▶ 33.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 46
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Kathryn Wilber
Mailing Address 500 Lymington Rd
City: Severna Park State: MD Zip Code: 21146-3541
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Special Projects
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3120
Amount of Each Receipt this Period: 10.34

B.
Full Name (Last, First, Middle Initial)
Thomas Wilder
Mailing Address 8811 Colesville Rd
City: Silver Spring State: MD Zip Code: 20910-4343
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Exec. Director
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 499.92
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3021
Amount of Each Receipt this Period: 20.83

C.
Full Name (Last, First, Middle Initial)
Thomas Wilder
Mailing Address 8811 Colesville Rd
City: Silver Spring State: MD Zip Code: 20910-4343
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Exec. Director
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 499.92
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1521
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ..... ▶ 52.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 46
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Thomas Wilder
Mailing Address: 8811 Colesville Rd
City: Silver Spring | State: MD | Zip Code: 20910-4343
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Exec. Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 499.92
Date of Receipt: 12 31 2004
Transaction ID: 2004-12-3121
Amount of Each Receipt this Period: 20.83

B.
Full Name (Last, First, Middle Initial): Joseph Winn
Mailing Address: 601 Penn Ave NW
City: Washington | State: DC | Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Regional Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 583.38
Date of Receipt: 11 30 2004
Transaction ID: 2004-11-3031
Amount of Each Receipt this Period: 41.67

C.
Full Name (Last, First, Middle Initial): Joseph Winn
Mailing Address: 601 Penn Ave NW
City: Washington | State: DC | Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: AHIP
Occupation: Regional Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 583.38
Date of Receipt: 12 15 2004
Transaction ID: 2004-12-1531
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ..... ▶ **104.17**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 46
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

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

Mailing Address 801 Penn Ave NW

City: Washington
State: DC
Zip Code: 20004

FEC ID number of contributing federal political committee: C

Name of Employer: AHIP

Occupation: Regional Director

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
583.38

Date of Receipt
12 31 2004

Transaction ID: 2004-12-3131

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ..... ▶ 41.67

TOTAL This Period (last page this line number only) ..... ▶ 6353.62

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 46
(check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

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

Mailing Address 711 High Street
Government Relations

City: Des Moines
State: IA
Zip Code: 50392

FEC ID number of contributing federal political committee. C C00128918

Name of Employer

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 31 2004

Transaction ID: 07939805012150559 38

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2500.00

TOTAL This Period (last page this line number only) ..... ▶ 2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)
A. AHIP PAC Admin Account

Mailing Address 601 Pennsylvania Ave NW

City: Washington
State: DC
Zip Code: 20004

Purpose of Disbursement
Correct Expense paid from Admin account

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: V409649041201568427 3
Date of Disbursement
12 / 01 / 2004

Amount of Each Disbursement this Period
309.86

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 309.86

TOTAL This Period (last page this line number only) ..... ▶ 309.86

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Friends of Mark Foley

Mailing Address 1316 Lake Victoria Drive
1316 Lake Victoria Drive

City: Lake Worth | State: FL | Zip Code: 33461

Purpose of Disbursement
2005 General

Candidate Name
Foley Mark

Category/Type

Office Sought: X House / Senate / President
State: FL District: 16

Disbursement For: 2005 / Primary / X General / Other (specify)

Transaction ID: B759980412154327030
Date of Disbursement
12 / 07 / 2004

Amount of Each Disbursement this Period
1000.00

B.
Full Name (Last, First, Middle Initial)
Leadership PAC 2004

Mailing Address 675 North Washington Street
Suite 410

City: Alexandria | State: VA | Zip Code: 22314

Purpose of Disbursement
2004 Contribution

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: B4882B0412216420680
Date of Disbursement
12 / 21 / 2004

Amount of Each Disbursement this Period
2500.00

C.
Full Name (Last, First, Middle Initial)
Nelson 2006

Mailing Address PO Box 8888

City: Omaha | State: NE | Zip Code: 68103

Purpose of Disbursement
2006 Primary

Candidate Name
Nelson Ben

Category/Type

Office Sought: House / X Senate / President
State: NE District: 00

Disbursement For: 2006 / X Primary / General / Other (specify)

Transaction ID: 2787570412025879497
Date of Disbursement
12 / 02 / 2004

Amount of Each Disbursement this Period
3000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6500.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Together for Our Majority Political Action Committee (T-OMPAC)
Mailing Address PO Box 16488
City Arlington State VA Zip Code 22215
Purpose of Disbursement 2004 Contribution
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 8018710412D2588D919
Date of Disbursement 12 / 02 / 2004
Amount of Each Disbursement this Period 5000.00

B.
Full Name (Last, First, Middle Initial)
White Mountain PAC
Mailing Address PO Box 1772
City Concord State NH Zip Code 03302
Purpose of Disbursement 2004 Contribution
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 8359890412D2588D120
Date of Disbursement 12 / 02 / 2004
Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶	6000.00
TOTAL This Period (last page this line number only) ..... ▶	12500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Elect Mike Shelton for House District 97

Mailing Address 800 NE 36th St

City: Oklahoma City; State: OK Zip Code: 73105

Purpose of Disbursement: Nonfederal Contribution

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 2933570412154080283
Date of Disbursement: 12 / 15 / 2004

Amount of Each Disbursement this Period: 300.00

B.
Full Name (Last, First, Middle Initial)
Friends of Kris Steele

Mailing Address 4207 Blaine Rd

City: Shawnee State: OK Zip Code: 74804

Purpose of Disbursement: Nonfederal Contribution

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1679980412154477050
Date of Disbursement: 12 / 15 / 2004

Amount of Each Disbursement this Period: 300.00

C.
Full Name (Last, First, Middle Initial)
Friends of Sue Tibbs 2004

Mailing Address 10902 E 28th St

City: Tulsa State: OK Zip Code: 74129

Purpose of Disbursement: Nonfederal Contribution

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 6720740412154446170
Date of Disbursement: 12 / 15 / 2004

Amount of Each Disbursement this Period: 300.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 900.00

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

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☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Friends of Susan Winchester 2004
Mailing Address: PO Box 2162
City: Chickasha State: OK Zip Code: 73023
Purpose of Disbursement: Nonfederal Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: 6949440412154464246
Date of Disbursement: 12 / 15 / 2004
Amount of Each Disbursement this Period: 300.00

B.
Full Name (Last, First, Middle Initial): House GOP PAC
Mailing Address: PO Box 1763
City: Oklahoma City State: OK Zip Code: 73101
Purpose of Disbursement: Nonfederal Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: 6723070412146290283
Date of Disbursement: 12 / 14 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Kevin Calvey Campaign
Mailing Address: 3909 S. E. 29th Street Suite 160
City: Del City State: OK Zip Code: 73115
Purpose of Disbursement: Nonfederal Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: 6922850412154532494
Date of Disbursement: 12 / 15 / 2004
Amount of Each Disbursement this Period: 300.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1600.00**

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)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)
America's Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Liebmann for House District 82

Mailing Address 12800 Plum Hollow Dr

City: Oklahoma City | State: OK | Zip Code: 73142

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 3047520412154500365
Date of Disbursement: 12 / 15 / 2004

Amount of Each Disbursement this Period: 300.00

B.
Full Name (Last, First, Middle Initial)
Mike Morgan Senate Fund

Mailing Address 1008 Woodcrest

City: Stillwater | State: OK | Zip Code: 74074

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 7569900412154297860
Date of Disbursement: 12 / 15 / 2004

Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Riley for Senate 37

Mailing Address 3911 Rolling Oaks Drive

City: Tulsa | State: OK | Zip Code: 74107

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 4612640412154308038
Date of Disbursement: 12 / 15 / 2004

Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1300.00**

TOTAL This Period (last page this line number only) ..... ▶ **3800.00**