26980075458

01/31/2006 16 : 33

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

CITY ▲ | STATE ▲ | ZIPCODE ▲

3. IS THIS REPORT — NEW (N) X — **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 07 01 2005 through 12 31 2005

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 24 2006

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
Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 07 01 2005 To: 12 31 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		88279.20
(b) Cash on Hand at Begining of Reporting Period	33502.44	
(c) Total Receipts (from Line 19)	141167.83	268354.77
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	174670.27	356633.97
7. Total Disbursements (from Line 31)	55425.49	237389.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	119244.78	119244.78
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) Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 07 01 2005 To: 12 31 2005

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)	79978.16	148936.48
(ii) Unitemized	8689.67	15418.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	88667.83	164354.77
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	52500.00	99000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	141167.83	263354.77
12. Transfers From Affiliated/Other Party Committees	0.00	5000.00
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))	141167.83	268354.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	141167.83	268354.77

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	175.49	301.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	175.49	301.49
22. Transfers to Affiliated/Other Party Committees	0.00	1000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	42500.00	223337.70
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	12750.00	12750.00
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))	55425.49	237389.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	55425.49	237389.19

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)	141167.83	263354.77
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	141167.83	263354.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	175.49	301.49
37. Offsets to Operating Expenditures (from Line 15. page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	175.49	301.49

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Debbie Ahl
Mailing Address 2219 Rimland Dr
City: Bellingham | State: WA | Zip Code: 98226-8660
FEC ID number of contributing federal political committee: C
Name of Employer: Sterling Life Insurance Company
Occupation: President
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 11 15 2005
Transaction ID: 7950550511033749491
Amount of Each Receipt this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
Larry Akey
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Publications & Strategic Comm
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_154
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Larry Akey
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Publications & Strategic Comm
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_314
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 2083.34

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 7 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Larry Akey
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Publications & Strategic Comm
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_154
Amount of Each Receipt this Period: 41.67

B.
Full Name (Last, First, Middle Initial)
Larry Akey
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Publications & Strategic Comm
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_304
Amount of Each Receipt this Period: 41.67

C.
Full Name (Last, First, Middle Initial)
Larry Akey
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Publications & Strategic Comm
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_154
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 8 / 159
(check only one)
X 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)
Larry Akey
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Publications & Strategic Comm
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_314
Amount of Each Receipt this Period: 41.59

B. Full Name (Last, First, Middle Initial)
Larry Akey
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Publications & Strategic Comm
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 15 2005
Transaction ID: 2005_07_152
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Larry Akey
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Publications & Strategic Comm
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 31 2005
Transaction ID: 2005_07_318
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ **124.93**

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 9 / 159
(check only one)
X 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)
Larry Akey
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Publications & Strategic Comm
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_154
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Larry Akey
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Publications & Strategic Comm
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 31 2005
Transaction ID: 2005083129
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Larry Akey
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Publications & Strategic Comm
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 15 2005
Transaction ID: 20050B154
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 10 / 159
(check only one)
X 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)
Larry Akey
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Publications & Strategic Comm
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 30 2005
Transaction ID: 200509304
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Linda Alford
Mailing Address 4804 Bridlewood Circle; NE
City: Canton | State: OH | Zip Code: 44714
FEC ID number of contributing federal political committee: C
Name of Employer: Aultcare
Occupation: Vice President
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 09 2005
Transaction ID: 03878705110959548 48
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Al Annexstad
Mailing Address 121 East Park Square
P.O. Box 328
City: Owatonna | State: MN | Zip Code: 55060-3048
FEC ID number of contributing federal political committee: C
Name of Employer: Federated Insurance Companies
Occupation: Chairman of the Board; President and C
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 03 2005
Transaction ID: 39897805110347974 73
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1041.67**

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 11 / 159
(check only one)
X 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)
Scott Armstrong
Mailing Address 521 Wall Street
City: Seattle | State: WA | Zip Code: 98121-1524
FEC ID number of contributing federal political committee: C
Name of Employer: Group Health Cooperative
Occupation: President & CEO
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 09 22 2005
Transaction ID: 9361530509224178713
Amount of Each Receipt this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
Joan Bancroft
Mailing Address 249 West Street
City: Lenox | State: MA | Zip Code: 01240
FEC ID number of contributing federal political committee: C
Name of Employer: Guardian
Occupation: President, Berkshire Life
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 11 29 2005
Transaction ID: 3997580511294374379
Amount of Each Receipt this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
Mark Bertolini
Mailing Address 11 Robbins Road
City: Avon | State: CT | Zip Code: 06001
FEC ID number of contributing federal political committee: C
Name of Employer: Aetna Inc.
Occupation: Head of Specialty Products
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 19 2005
Transaction ID: 11455205071933998648
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **5000.00**

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 12 / 159
(check only one)
X 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)
Carmella Bocchino
Mailing Address 601 Pennsylvania Ave NW
South Building; Suite 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Medical Affairs
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1544
Amount of Each Receipt this Period: 125.00

B.
Full Name (Last, First, Middle Initial)
Carmella Bocchino
Mailing Address 601 Pennsylvania Ave NW
South Building; Suite 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Medical Affairs
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3143
Amount of Each Receipt this Period: 125.00

C.
Full Name (Last, First, Middle Initial)
Carmella Bocchino
Mailing Address 601 Pennsylvania Ave NW
South Building; Suite 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Medical Affairs
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1543
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: PAGE 13 / 159
(check only one)
X 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)
Carmella Bocchino
Mailing Address 601 Pennsylvania Ave NW
South Building; Suite 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Medical Affairs
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3043
Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Carmella Bocchino
Mailing Address 601 Pennsylvania Ave NW
South Building; Suite 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Medical Affairs
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1543
Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Carmella Bocchino
Mailing Address 601 Pennsylvania Ave NW
South Building; Suite 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Medical Affairs
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3143
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 14 / 159
(check only one)
X 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)
Carmella Bocchino
Mailing Address 601 Pennsylvania Ave NW
South Building; Suite 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Medical Affairs
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 08 31 2005
Transaction ID: 2005083162
Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Carmella Bocchino
Mailing Address 601 Pennsylvania Ave NW
South Building; Suite 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Medical Affairs
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 09 15 2005
Transaction ID: 2005091543
Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Carmella Bocchino
Mailing Address 601 Pennsylvania Ave NW
South Building; Suite 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Medical Affairs
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 09 30 2005
Transaction ID: 2005093043
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: PAGE 15 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Christopher Booth
Mailing Address 165 Court St
City: Rochester | State: NY | Zip Code: 14647-0001
FEC ID number of contributing federal political committee: C
Name of Employer: Excellus BlueCross Blue Shield
Occupation: Executive VP & Chief Administrative Of
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1100.00

Date of Receipt: 11 09 2005
Transaction ID: 02767205110958706 73
Amount of Each Receipt this Period: 1100.00

B. Full Name (Last, First, Middle Initial)
Robert Borchardt
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Finance Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1517
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Robert Borchardt
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Finance Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3116
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **1150.00**

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 16 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Robert Borchardt
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Finance Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1516
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Robert Borchardt
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Finance Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3016
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Robert Borchardt
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Finance Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1516
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

FOR LINE NUMBER: PAGE 17 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Robert Borchardt
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Finance Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3116
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Robert Borchardt
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Finance Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1513
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Robert Borchardt
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Finance Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 07 31 2005
Transaction ID: 2005_07_3133
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

FOR LINE NUMBER: PAGE 18 / 159
(check only one)
X 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)
Robert Borchardt
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Finance Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1516
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Robert Borchardt
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Finance Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 08 31 2005
Transaction ID: 2005083121
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Robert Borchardt
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Finance Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 09 15 2005
Transaction ID: 20050915 16
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

FOR LINE NUMBER: PAGE 19 / 159
(check only one)
X 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)
Robert Borchardt
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Finance Operations
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 09 30 2005
Transaction ID: 2005093016
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Frank J Branchini
Mailing Address 441 9th Ave
City: New York | State: NY | Zip Code: 10001-1623
FEC ID number of contributing federal political committee: C
Name of Employer: Group Health Incorporated
Occupation: President & CEO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 12 01 2005
Transaction ID: 4834250512014653192
Amount of Each Receipt this Period: 2000.00

C.
Full Name (Last, First, Middle Initial)
Louis Briskman
Mailing Address One Hills End Road
City: Weston | State: CT | Zip Code: 06883
FEC ID number of contributing federal political committee: C
Name of Employer: Aetna
Occupation: SVP & General Counsel
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 19 2005
Transaction ID: 12213B0507193131481
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **3025.00**

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 20 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Francie Burkhart
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 1999.92

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1557
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Francie Burkhart
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 1999.92

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3156
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
Francie Burkhart
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 1999.92

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1556
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 21 / 159
(check only one)
X 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)
Francie Burkhart
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 1999.92

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3056
Amount of Each Receipt this Period: 83.33

B.
Full Name (Last, First, Middle Initial)
Francie Burkhart
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 1999.92

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1556
Amount of Each Receipt this Period: 83.33

C.
Full Name (Last, First, Middle Initial)
Francie Burkhart
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 1999.92

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3156
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 22 / 159
(check only one)
X 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)
Francie Burkhart
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 1999.92

Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1540
Amount of Each Receipt this Period: 83.33

B.
Full Name (Last, First, Middle Initial)
Francie Burkhart
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 1999.92

Date of Receipt: 07 31 2005
Transaction ID: 2005_07_3191
Amount of Each Receipt this Period: 83.33

C.
Full Name (Last, First, Middle Initial)
Francie Burkhart
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 1999.92

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1552
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 23 / 159
(check only one)
X 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)
Francie Burkhart
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 1699.92

Date of Receipt: 08 31 2005
Transaction ID: 2005083150
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Francie Burkhart
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 1899.92

Date of Receipt: 09 15 2005
Transaction ID: 2005091556
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
Francie Burkhart
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 1999.92

Date of Receipt: 09 30 2005
Transaction ID: 2005093056
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 24 / 159
(check only one)
X 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)
William Cameron
Mailing Address 2000 N Classen Blvd
City: Oklahoma City | State: OK | Zip Code: 73106-6023
FEC ID number of contributing federal political committee: C
Name of Employer: American Fidelity Assurance Company
Occupation: President and CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 08 03 2005
Transaction ID: 005057050690411 2390
Amount of Each Receipt this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
Winthrop Cashdollar
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 625.00

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1529
Amount of Each Receipt this Period: 62.50

C. Full Name (Last, First, Middle Initial)
Winthrop Cashdollar
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 625.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3128
Amount of Each Receipt this Period: 62.50

SUBTOTAL of Receipts This Page (optional) ▶ **2125.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 159
(check only one)
X 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)
Winthrop Cashdollar
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 625.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1528
Amount of Each Receipt this Period: 62.50

B. Full Name (Last, First, Middle Initial)
Winthrop Cashdollar
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 625.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3028
Amount of Each Receipt this Period: 62.50

C. Full Name (Last, First, Middle Initial)
Winthrop Cashdollar
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 625.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1528
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 159
(check only one)
X 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)
Winthrop Cashdollar
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 625.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3128
Amount of Each Receipt this Period: 62.50

B. Full Name (Last, First, Middle Initial)
Winthrop Cashdollar
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 625.00

Date of Receipt: 09 30 2005
Transaction ID: 2005093028
Amount of Each Receipt this Period: 62.50

C. Full Name (Last, First, Middle Initial)
Yvonne Chenelly
Mailing Address 1275 N Wayne St
#1223
City: Arlington | State: VA | Zip Code: 22201-5848
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Marketing
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1512
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 27 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Yvonne Chenetry
Mailing Address 1276 N Wayne St #1223
City: Arlington | State: VA | Zip Code: 22201-5848
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Marketing
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3112
Amount of Each Receipt this Period: 62.50

B. Full Name (Last, First, Middle Initial)
Yvonne Chenetry
Mailing Address 1276 N Wayne St #1223
City: Arlington | State: VA | Zip Code: 22201-5848
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Marketing
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1512
Amount of Each Receipt this Period: 62.50

C. Full Name (Last, First, Middle Initial)
Yvonne Chenetry
Mailing Address 1276 N Wayne St #1223
City: Arlington | State: VA | Zip Code: 22201-5848
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Marketing
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3012
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 28 / 159
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X 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)
Yvonne Chenetry
Mailing Address 1276 N Wayne St #1223
City: Arlington | State: VA | Zip Code: 22201-5848
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Marketing
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1512
Amount of Each Receipt this Period: 62.50

B. Full Name (Last, First, Middle Initial)
Yvonne Chenetry
Mailing Address 1276 N Wayne St #1223
City: Arlington | State: VA | Zip Code: 22201-5848
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Marketing
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3112
Amount of Each Receipt this Period: 62.50

C. Full Name (Last, First, Middle Initial)
Yvonne Chenetry
Mailing Address 1276 N Wayne St #1223
City: Arlington | State: VA | Zip Code: 22201-5848
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Marketing
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 07 15 2005
Transaction ID: 2005_07_159
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 29 / 159
(check only one)
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Yvonne Chenetry
Mailing Address 1276 N Wayne St #1223
City: Arlington | State: VA | Zip Code: 22201-5848
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Marketing
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 07 31 2005
Transaction ID: 2005_07_3125
Amount of Each Receipt this Period: 62.50

B. Full Name (Last, First, Middle Initial)
Yvonne Chenetry
Mailing Address 1276 N Wayne St #1223
City: Arlington | State: VA | Zip Code: 22201-5848
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Marketing
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1512
Amount of Each Receipt this Period: 62.50

C. Full Name (Last, First, Middle Initial)
Yvonne Chenetry
Mailing Address 1276 N Wayne St #1223
City: Arlington | State: VA | Zip Code: 22201-5848
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Marketing
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 08 31 2005
Transaction ID: 20050B3138
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 30 / 159
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Yvonne Chenoby
Mailing Address 1276 N Wayne St #1223
City: Arlington | State: VA | Zip Code: 22201-5648
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Marketing
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 09 15 2005
Transaction ID: 2005091512
Amount of Each Receipt this Period: 62.50

B. Full Name (Last, First, Middle Initial)
Yvonne Chenoby
Mailing Address 1276 N Wayne St #1223
City: Arlington | State: VA | Zip Code: 22201-5648
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Marketing
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 09 30 2005
Transaction ID: 2005093012
Amount of Each Receipt this Period: 62.50

C. Full Name (Last, First, Middle Initial)
Teresa Chaven
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 500.00

Date of Receipt: 07 20 2005
Transaction ID: 11315505072034742l9
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 159
(check only one)
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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)
Edda Collins
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Program Manager; Professional Educatio
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 229.13

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1511
Amount of Each Receipt this Period: 20.83

B.
Full Name (Last, First, Middle Initial)
Edda Collins
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Program Manager; Professional Educatio
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 229.13

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3111
Amount of Each Receipt this Period: 20.83

C.
Full Name (Last, First, Middle Initial)
Ann Curry
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
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 Product Policy
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 458.37

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1533
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 83.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 159
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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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Ann Curry
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
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 Product Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 458.37

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3132
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Ann Curry
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
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 Product Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 458.37

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1532
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Ann Curry
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
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 Product Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 458.37

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3032
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

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FOR LINE NUMBER: PAGE 33 / 159
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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)
Ann Curry
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
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 Product Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 458.37

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1532
Amount of Each Receipt this Period: 41.67

B.
Full Name (Last, First, Middle Initial)
Ann Curry
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
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 Product Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 458.37

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3132
Amount of Each Receipt this Period: 41.67

C.
Full Name (Last, First, Middle Initial)
Ann Curry
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
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 Product Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 458.37

Date of Receipt: 09 30 2005
Transaction ID: 20050930032
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

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

A.
Full Name (Last, First, Middle Initial)
Gregory Dean
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Insurance Education
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1562
Amount of Each Receipt this Period: 62.50

B.
Full Name (Last, First, Middle Initial)
Gregory Dean
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Insurance Education
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3161
Amount of Each Receipt this Period: 62.50

C.
Full Name (Last, First, Middle Initial)
Gregory Dean
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Insurance Education
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1561
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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Gregory Dean
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Insurance Education
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3061
Amount of Each Receipt this Period: 62.50

B. Full Name (Last, First, Middle Initial)
Gregory Dean
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Insurance Education
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1561
Amount of Each Receipt this Period: 62.50

C. Full Name (Last, First, Middle Initial)
Gregory Dean
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Insurance Education
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3161
Amount of Each Receipt this Period: 62.50

SUBTOTAL of Receipts THis Page (optional) ▶ **187.50**

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Gregory Dean
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Insurance Education
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1545
Amount of Each Receipt this Period: 62.50

B.
Full Name (Last, First, Middle Initial)
Gregory Dean
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Insurance Education
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 07 31 2005
Transaction ID: 2005_07_31101
Amount of Each Receipt this Period: 62.50

C.
Full Name (Last, First, Middle Initial)
Gregory Dean
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Insurance Education
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1557
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)
Americas Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Gregory Dean
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Insurance Education
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 08 31 2005
Transaction ID: 2005083141
Amount of Each Receipt this Period: 62.50

B.
Full Name (Last, First, Middle Initial)
Gregory Dean
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Insurance Education
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 09 15 2005
Transaction ID: 2005091561
Amount of Each Receipt this Period: 62.50

C.
Full Name (Last, First, Middle Initial)
Gregory Dean
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Insurance Education
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 09 30 2005
Transaction ID: 2005093061
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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(check only one)
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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)
Jill Dowell
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1553
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Jill Dowell
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3152
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Jill Dowell
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1552
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 39 / 159
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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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Jill Dowell
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3052
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Jill Dowell
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1552
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Jill Dowell
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3152
Amount of Each Receipt this Period: 41.59

SUBTOTAL of Receipts This Page (optional) ▶ **124.93**

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 40 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Jill Dowell
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1596
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Jill Dowell
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 31 2005
Transaction ID: 2005_07_3183
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Jill Dowell
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1548
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 41 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Jill Dowell
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 31 2005
Transaction ID: 2005083131
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Jill Dowell
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 15 2005
Transaction ID: 2005091552
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Jill Dowell
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 30 2005
Transaction ID: 2005093052
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 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Emil Duda
Mailing Address 23 Old Westfall Dr
City: Rochester | State: NY | Zip Code: 14625-1045
FEC ID number of contributing federal political committee: C
Name of Employer: Excellus
Occupation: Senior Executive VP and CFO
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 1100.00

Date of Receipt: 11 09 2005
Transaction ID: 8084390511095832869
Amount of Each Receipt this Period: 1100.00

B. Full Name (Last, First, Middle Initial)
George Film
Mailing Address 2800 Sixth St SW
City: Canton | State: OH | Zip Code: 44710-1702
FEC ID number of contributing federal political committee: C
Name of Employer: AultCare
Occupation: Finance Manager
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 09 2005
Transaction ID: 0302020511095903810
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Erin Fogarty
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director; Medicaid Policy
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1513
Amount of Each Receipt this Period: 12.50

SUBTOTAL of Receipts This Page (optional) ▶ **1362.50**

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 43 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Erin Fogarty
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director; Medicaid Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3113
Amount of Each Receipt this Period: 12.50

B. Full Name (Last, First, Middle Initial)
Erin Fogarty
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director; Medicaid Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1513
Amount of Each Receipt this Period: 12.50

C. Full Name (Last, First, Middle Initial)
Erin Fogarty
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director; Medicaid Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3013
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 44 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Erin Fogarty
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director; Medicaid Policy
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1513
Amount of Each Receipt this Period: 12.50

B. Full Name (Last, First, Middle Initial)
Erin Fogarty
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director; Medicaid Policy
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3113
Amount of Each Receipt this Period: 12.50

C. Full Name (Last, First, Middle Initial)
Erin Fogarty
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director; Medicaid Policy
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 09 15 2005
Transaction ID: 20050B1513
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 45 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Erin Fogarty
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director; Medicaid Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 09 30 2005
Transaction ID: 2005093013
Amount of Each Receipt this Period: 12.50

B. Full Name (Last, First, Middle Initial)
John Foley
Mailing Address 6461 Bobby Jones Lane
City: Woodridge | State: IL | Zip Code: 60517
FEC ID number of contributing federal political committee: C
Name of Employer: Guardian
Occupation: VP; Group Dental Insurance
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 29 2005
Transaction ID: 4854540511294339943
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Behrends Foster
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 01 2005
Transaction ID: 68418D0507D12995617
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **762.50**

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 46 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Jeffrey Gebardi
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1528
Amount of Each Receipt this Period: 125.00

B.
Full Name (Last, First, Middle Initial)
Jeffrey Gebardi
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3127
Amount of Each Receipt this Period: 125.00

C.
Full Name (Last, First, Middle Initial)
Jeffrey Gebardi
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1527
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: PAGE 47 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Jeffrey Gebardi
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3027
Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Jeffrey Gebardi
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1527
Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Jeffrey Gebardi
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3127
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: PAGE 48 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Jeffrey Gebardi
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1524
Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Jeffrey Gebardi
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 07 31 2005
Transaction ID: 2005_07_3155
Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Jeffrey Gebardi
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1527
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: PAGE 49 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Jeffrey Gebardi
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 08 31 2005
Transaction ID: 2005083156
Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Jeffrey Gebardi
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 09 15 2005
Transaction ID: 2005091527
Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Jeffrey Gebardi
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 09 30 2005
Transaction ID: 2005093027
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: PAGE 50 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Jay Gellert
Mailing Address 21650 Oxnard St
Ste 2200
City: Woodland Hills | State: CA | Zip Code: 91367-4901
FEC ID number of contributing federal political committee: C
Name of Employer: Health Net; Inc.
Occupation: President & CEO
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 11 16 2005
Transaction ID: 8298580511163582682
Amount of Each Receipt this Period: 2000.00

B.
Full Name (Last, First, Middle Initial)
Craig Guiffre
Mailing Address 17 Pheasant Lane
City: Scotch Plains | State: NY | Zip Code: 07076
FEC ID number of contributing federal political committee: C
Name of Employer: Guardian
Occupation: VP; Life and Disability
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 29 2005
Transaction ID: 4125280511294226912
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Rick Haines
Mailing Address 2800 Sixth Street; SW
City: Canton | State: OH | Zip Code: 44710-1702
FEC ID number of contributing federal political committee: C
Name of Employer: AultCare
Occupation: President & CEO
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 11 09 2005
Transaction ID: 7026720511D44105594
Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ▶ **4250.00**

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 51 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
H. E Hamway
Mailing Address One Liberty Place
1650 Market Street
City: Philadelphia | State: PA | Zip Code: 19192-1550
FEC ID number of contributing federal political committee: C
Name of Employer: CIGNA Corp.
Occupation: Chairman and CEO
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 10 29 2005
Transaction ID: 6169650510255874710
Amount of Each Receipt this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
Vanessa Hargrave
Mailing Address 142 Bayview Avenue
City: Port Washington | State: NY | Zip Code: 11050
FEC ID number of contributing federal political committee: C
Name of Employer: Guardian
Occupation: VP; Group Financial Management
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 29 2005
Transaction ID: 0947160511295526781
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Paul Hebert
Mailing Address 18 Fawn Drive
City: Granby | State: CT | Zip Code: 06035
FEC ID number of contributing federal political committee: C
Name of Employer: Aetna
Occupation: VP; Finance
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 19 2005
Transaction ID: 8646470507193410970
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 3250.00

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 52 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Kevin Hill
Mailing Address 50 Wren Field Lane
City: Pittsford | State: NY | Zip Code: 14534
FEC ID number of contributing federal political committee: C
Name of Employer: Excellus Health Plan
Occupation: President and COO
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1100.00
Date of Receipt: 11 09 2005
Transaction ID: 51607605110958503 78
Amount of Each Receipt this Period: 1100.00

B. Full Name (Last, First, Middle Initial)
Joni Hong
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Associate Counsel; Special Projects
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 499.92
Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1525
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Joni Hong
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Associate Counsel; Special Projects
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 499.92
Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3124
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ **1141.66**

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 53 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Joni Hong
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Associate Counsel; Special Projects
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1524
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Joni Hong
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Associate Counsel; Special Projects
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3024
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Joni Hong
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Associate Counsel; Special Projects
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1524
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 54 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Joni Hong
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Associate Counsel; Special Projects
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 499.92
Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3124
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Joni Hong
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Associate Counsel; Special Projects
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 499.92
Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1521
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Joni Hong
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Associate Counsel; Special Projects
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 499.92
Date of Receipt: 07 31 2005
Transaction ID: 2005_07_3149
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 55 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Joni Hong
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Associate Counsel; Special Projects
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1524
Amount of Each Receipt this Period: 20.83

B.
Full Name (Last, First, Middle Initial)
Joni Hong
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Associate Counsel; Special Projects
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 08 31 2005
Transaction ID: 2005083117
Amount of Each Receipt this Period: 20.83

C.
Full Name (Last, First, Middle Initial)
Joni Hong
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Associate Counsel; Special Projects
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 09 15 2005
Transaction ID: 20050B1524
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 56 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Joni Hong
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Associate Counsel; Special Projects
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 09 30 2005
Transaction ID: 2005093024
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
John Hopkins
Mailing Address PO Box 10600
City: Grand Junction | State: CO | Zip Code: 81502-5600
FEC ID number of contributing federal political committee: C
Name of Employer: Rocky Mountain Health Plans
Occupation: President and CEO
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 10 21 2005
Transaction ID: 20412405102157266S3
Amount of Each Receipt this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
Donna Horsehak
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director State Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1534
Amount of Each Receipt this Period: 62.50

SUBTOTAL of Receipts This Page (optional) ▶ 2083.33

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 57 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Donna Horoschak
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director State Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3133
Amount of Each Receipt this Period: 62.50

B. Full Name (Last, First, Middle Initial)
Donna Horoschak
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director State Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1533
Amount of Each Receipt this Period: 62.50

C. Full Name (Last, First, Middle Initial)
Donna Horoschak
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director State Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3033
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 58 / 159
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X 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)
Donna Horoschak
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director State Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1533
Amount of Each Receipt this Period: 62.50

B.
Full Name (Last, First, Middle Initial)
Donna Horoschak
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director State Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3133
Amount of Each Receipt this Period: 62.50

C.
Full Name (Last, First, Middle Initial)
Donna Horoschak
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director State Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1527
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 59 / 159
(check only one)
X 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)
Donna Horoschak
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director State Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 07 31 2005
Transaction ID: 2005_07_3165
Amount of Each Receipt this Period: 62.50

B. Full Name (Last, First, Middle Initial)
Donna Horoschak
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director State Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1533
Amount of Each Receipt this Period: 62.50

C. Full Name (Last, First, Middle Initial)
Donna Horoschak
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director State Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 08 31 2005
Transaction ID: 2005083139
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 60 / 159
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X 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)
Donna Horoschak
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director State Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 09 15 2005
Transaction ID: 2005091533
Amount of Each Receipt this Period: 62.50

B. Full Name (Last, First, Middle Initial)
Donna Horoschak
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director State Policy
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 09 30 2005
Transaction ID: 2005093033
Amount of Each Receipt this Period: 62.50

C. Full Name (Last, First, Middle Initial)
Karen Ignagni
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: President and Chief Executive Officer
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 12 20 2005
Transaction ID: 848598051220058563 10
Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ▶ **5125.00**

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 61 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Scott Keefer
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director of Product Development
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1527
Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
Scott Keefer
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director of Product Development
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3126
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Scott Keefer
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director of Product Development
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1526
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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 62 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Scott Keefer
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director of Product Development
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3026
Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
Scott Keefer
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director of Product Development
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1526
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Scott Keefer
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director of Product Development
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3126
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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 63 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Chad Kibler
Mailing Address 5645 Acorn Avenue
City: Louisville | State: OH | Zip Code: 44641
FEC ID number of contributing federal political committee: C
Name of Employer: AultCare
Occupation: VP; Government Affairs
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 09 2005
Transaction ID: 8160100511095974038
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Scott Kipper
Mailing Address 1215 W Slaughter Ln Apt 713
City: Austin | State: TX | Zip Code: 78748-6700
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: 07 15 2005
Transaction ID: 2005_07_1531
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: 78748-6700
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: 07 31 2005
Transaction ID: 2005_07_3173
Amount of Each Receipt this Period: 22.24

SUBTOTAL of Receipts This Page (optional) ▶ **544.48**

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 64 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
David Klein
Mailing Address 165 Court St
City: Rochester | State: NY | Zip Code: 14647-0001
FEC ID number of contributing federal political committee: C
Name of Employer: Excellus BlueCross BlueShield
Occupation: President and CEO
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 11 09 2005
Transaction ID: 6549840511095862198
Amount of Each Receipt this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
Tony Lamb
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 250.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_315
Amount of Each Receipt this Period: 10.42

C. Full Name (Last, First, Middle Initial)
Tony Lamb
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 250.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_155
Amount of Each Receipt this Period: 10.42

SUBTOTAL of Receipts This Page (optional) ▶ **2020.84**

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 65 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Tony Lamb
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 250.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_305
Amount of Each Receipt this Period: 10.42

B.
Full Name (Last, First, Middle Initial)
Tony Lamb
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 250.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_155
Amount of Each Receipt this Period: 10.42

C.
Full Name (Last, First, Middle Initial)
Tony Lamb
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 250.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_315
Amount of Each Receipt this Period: 10.34

SUBTOTAL of Receipts This Page (optional) ▶ **31.18**

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 66 / 159
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Barbara Lardy
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Medical Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 672.00

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1545
Amount of Each Receipt this Period: 28.00

B. Full Name (Last, First, Middle Initial)
Barbara Lardy
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Medical Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 672.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3144
Amount of Each Receipt this Period: 28.00

C. Full Name (Last, First, Middle Initial)
Barbara Lardy
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Medical Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 672.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1544
Amount of Each Receipt this Period: 28.00

SUBTOTAL of Receipts This Page (optional) ▶	84.00
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 67 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Barbara Lardy
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Medical Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 672.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3044
Amount of Each Receipt this Period: 28.00

B. Full Name (Last, First, Middle Initial)
Barbara Lardy
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Medical Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 672.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1544
Amount of Each Receipt this Period: 28.00

C. Full Name (Last, First, Middle Initial)
Barbara Lardy
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Medical Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 672.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3144
Amount of Each Receipt this Period: 28.00

SUBTOTAL of Receipts This Page (optional) ▶	84.00
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 68 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Barbara Lardy
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Medical Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 672.00

Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1533
Amount of Each Receipt this Period: 28.00

B. Full Name (Last, First, Middle Initial)
Barbara Lardy
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Medical Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 672.00

Date of Receipt: 07 31 2005
Transaction ID: 2005_07_3177
Amount of Each Receipt this Period: 28.00

C. Full Name (Last, First, Middle Initial)
Barbara Lardy
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Medical Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 672.00

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1543
Amount of Each Receipt this Period: 28.00

SUBTOTAL of Receipts This Page (optional) ▶ **84.00**

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 69 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Barbara Lardy
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Medical Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 672.00

Date of Receipt: 08 31 2005
Transaction ID: 2005083125
Amount of Each Receipt this Period: 28.00

B. Full Name (Last, First, Middle Initial)
Barbara Lardy
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Medical Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 672.00

Date of Receipt: 09 15 2005
Transaction ID: 2005091544
Amount of Each Receipt this Period: 28.00

C. Full Name (Last, First, Middle Initial)
Barbara Lardy
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Medical Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 672.00

Date of Receipt: 09 30 2005
Transaction ID: 2005093044
Amount of Each Receipt this Period: 28.00

SUBTOTAL of Receipts This Page (optional) ▶ **84.00**

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 70 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Jeff Lemieux
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Center for Heal
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1750.00

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1526
Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Jeff Lemieux
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Center for Heal
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1750.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3125
Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Jeff Lemieux
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Center for Heal
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1750.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1525
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: PAGE 71 / 159
(check only one)
X 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 Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Center for Heal
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1750.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3025
Amount of Each Receipt this Period: 125.00

B.
Full Name (Last, First, Middle Initial)
Jeff Lemieux
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Center for Heal
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1750.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1525
Amount of Each Receipt this Period: 125.00

C.
Full Name (Last, First, Middle Initial)
Jeff Lemieux
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Center for Heal
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1750.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3125
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 72 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Jeff Lemieux
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Center for Heal
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1750.00

Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1522
Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Jeff Lemieux
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Center for Heal
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1750.00

Date of Receipt: 07 31 2005
Transaction ID: 2005_07_3151
Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Jeff Lemieux
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Center for Heal
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1750.00

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1525
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: PAGE 73 / 159
(check only one)
X 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 Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Center for Heal
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1750.00

Date of Receipt: 09 15 2005
Transaction ID: 2005091525
Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Jeff Lemieux
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Center for Heal
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1750.00

Date of Receipt: 09 30 2005
Transaction ID: 2005093025
Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Gary Lenderink
Mailing Address 7 Hanover Sq
City: New York | State: NY | Zip Code: 10004-2616
FEC ID number of contributing federal political committee: C
Name of Employer: Guardian
Occupation: EVP; Risk Management Products
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 11 29 2005
Transaction ID: 5851140511294181728
Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ▶ **2250.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 159
(check only one)
X 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)
Dan Leonard
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Chief Administrative Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 4999.92

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1516
Amount of Each Receipt this Period: 208.33

B. Full Name (Last, First, Middle Initial)
Dan Leonard
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Chief Administrative Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 4999.92

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3115
Amount of Each Receipt this Period: 208.33

C. Full Name (Last, First, Middle Initial)
Dan Leonard
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Chief Administrative Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 4999.92

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1515
Amount of Each Receipt this Period: 208.33

SUBTOTAL of Receipts This Page (optional) ▶	**624.99**
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 75 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Dan Leonard
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Chief Administrative Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 4999.92

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3015
Amount of Each Receipt this Period: 208.33

B.
Full Name (Last, First, Middle Initial)
Dan Leonard
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Chief Administrative Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 4999.92

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1515
Amount of Each Receipt this Period: 208.33

C.
Full Name (Last, First, Middle Initial)
Dan Leonard
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Chief Administrative Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 4999.92

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3115
Amount of Each Receipt this Period: 208.33

SUBTOTAL of Receipts This Page (optional) ▶ **624.99**

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 76 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Dan Leonard
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Chief Administrative Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 4999.92

Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1512
Amount of Each Receipt this Period: 208.33

B. Full Name (Last, First, Middle Initial)
Dan Leonard
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Chief Administrative Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 4999.92

Date of Receipt: 07 31 2005
Transaction ID: 2005_07_3131
Amount of Each Receipt this Period: 208.33

C. Full Name (Last, First, Middle Initial)
Dan Leonard
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Chief Administrative Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 4999.92

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1515
Amount of Each Receipt this Period: 208.33

SUBTOTAL of Receipts This Page (optional) ▶ **624.99**

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 77 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Dan Leonard
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Chief Administrative Officer
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 4999.92

Date of Receipt: 08 31 2005
Transaction ID: 2005083160
Amount of Each Receipt this Period: 208.33

B.
Full Name (Last, First, Middle Initial)
Dan Leonard
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Chief Administrative Officer
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 4999.92

Date of Receipt: 09 15 2005
Transaction ID: 2005091515
Amount of Each Receipt this Period: 208.33

C.
Full Name (Last, First, Middle Initial)
Dan Leonard
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Chief Administrative Officer
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 4999.92

Date of Receipt: 09 30 2005
Transaction ID: 2005093015
Amount of Each Receipt this Period: 208.33

SUBTOTAL of Receipts This Page (optional) ▶ **624.99**

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 78 / 159
(check only one)
X 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)
Joe Lessen
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director of Special Projects; Federal
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1556
Amount of Each Receipt this Period: 62.50

B.
Full Name (Last, First, Middle Initial)
Joe Lessen
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director of Special Projects; Federal
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3155
Amount of Each Receipt this Period: 62.50

C.
Full Name (Last, First, Middle Initial)
Joe Lessen
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director of Special Projects; Federal
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1555
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 79 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Joe Lessen
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director of Special Projects; Federal
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3055
Amount of Each Receipt this Period: 62.50

B.
Full Name (Last, First, Middle Initial)
Joe Lessen
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director of Special Projects; Federal
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1555
Amount of Each Receipt this Period: 62.50

C.
Full Name (Last, First, Middle Initial)
Joe Lessen
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director of Special Projects; Federal
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3155
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 80 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Joe Lessen
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director of Special Projects; Federal
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1539
Amount of Each Receipt this Period: 62.50

B.
Full Name (Last, First, Middle Initial)
Joe Lessen
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director of Special Projects; Federal
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 07 31 2005
Transaction ID: 2005_07_3189
Amount of Each Receipt this Period: 62.50

C.
Full Name (Last, First, Middle Initial)
Joe Lessen
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director of Special Projects; Federal
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1551
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 81 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Joe Lessen
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director of Special Projects; Federal
Receipt For: Primary General | Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 08 31 2005
Transaction ID: 2005083140
Amount of Each Receipt this Period: 62.50

B. Full Name (Last, First, Middle Initial)
Joe Lessen
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director of Special Projects; Federal
Receipt For: Primary General | Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 09 15 2005
Transaction ID: 2005091555
Amount of Each Receipt this Period: 62.50

C. Full Name (Last, First, Middle Initial)
Joe Lessen
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director of Special Projects; Federal
Receipt For: Primary General | Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 09 30 2005
Transaction ID: 2005093055
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 82 / 159
(check only one)
[X] 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)
David Mack
Mailing Address 165 Court St
City: Rochester State: NY Zip Code: 14647-0001
FEC ID number of contributing federal political committee: C
Name of Employer: Lifetime Healthcare Companies
Occupation: SVP; Corporate Relations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 09 2005
Transaction ID: 3030400511095841863
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Thomas Martorana
Mailing Address 7 Kimball Street
City: Chatham State: NJ Zip Code: 07928
FEC ID number of contributing federal political committee: C
Name of Employer: Guardian
Occupation: VP; Group Customer Experience
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 29 2005
Transaction ID: 5857220511294365946
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Robert Menkes
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: America's Health Insurance Plans
Occupation: Vice President; Strategic Planning
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1565
Amount of Each Receipt this Period: 62.50

SUBTOTAL of Receipts This Page (optional) ..... ▶ 812.50

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 83 / 159
(check only one)
X 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)
Robert Menkes
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: America's Health Insurance Plans
Occupation: Vice President; Strategic Planning
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3164
Amount of Each Receipt this Period: 62.50

B.
Full Name (Last, First, Middle Initial)
Robert Menkes
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: America's Health Insurance Plans
Occupation: Vice President; Strategic Planning
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1564
Amount of Each Receipt this Period: 62.50

C.
Full Name (Last, First, Middle Initial)
Robert Menkes
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: America's Health Insurance Plans
Occupation: Vice President; Strategic Planning
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3064
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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FOR LINE NUMBER: PAGE 84 / 159
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X 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)
Robert Menkes
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: America's Health Insurance Plans
Occupation: Vice President; Strategic Planning
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1564
Amount of Each Receipt this Period: 62.50

B.
Full Name (Last, First, Middle Initial)
Robert Menkes
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: America's Health Insurance Plans
Occupation: Vice President; Strategic Planning
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3164
Amount of Each Receipt this Period: 62.50

C.
Full Name (Last, First, Middle Initial)
Robert Menkes
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: America's Health Insurance Plans
Occupation: Vice President; Strategic Planning
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1548
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 85 / 159
(check only one)
X 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)
Robert Menkes
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: America's Health Insurance Plans
Occupation: Vice President; Strategic Planning
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 07 31 2005
Transaction ID: 2005_07_31107
Amount of Each Receipt this Period: 62.50

B.
Full Name (Last, First, Middle Initial)
Robert Menkes
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: America's Health Insurance Plans
Occupation: Vice President; Strategic Planning
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1560
Amount of Each Receipt this Period: 62.50

C.
Full Name (Last, First, Middle Initial)
Robert Menkes
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: America's Health Insurance Plans
Occupation: Vice President; Strategic Planning
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 08 31 2005
Transaction ID: 20050B3142
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 86 / 159
(check only one)
X 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)
Robert Menkes
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: America's Health Insurance Plans
Occupation: Vice President; Strategic Planning
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 09 15 2005
Transaction ID: 2005091564
Amount of Each Receipt this Period: 62.50

B.
Full Name (Last, First, Middle Initial)
Robert Menkes
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: America's Health Insurance Plans
Occupation: Vice President; Strategic Planning
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 09 30 2005
Transaction ID: 2005093064
Amount of Each Receipt this Period: 62.50

C.
Full Name (Last, First, Middle Initial)
Anthony Meoni
Mailing Address 601 Pennsylvania Ave Nw
South Building; Suite 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Information Technol
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 252.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3163
Amount of Each Receipt this Period: 10.50

SUBTOTAL of Receipts This Page (optional) ▶ **135.50**

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 87 / 159
(check only one)
X 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)
Anthony Meoni
Mailing Address 601 Pennsylvania Ave Nw
South Building; Suite 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Information Technol
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 252.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1563
Amount of Each Receipt this Period: 10.50

B. Full Name (Last, First, Middle Initial)
Anthony Meoni
Mailing Address 601 Pennsylvania Ave Nw
South Building; Suite 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Information Technol
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 252.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3063
Amount of Each Receipt this Period: 10.50

C. Full Name (Last, First, Middle Initial)
Anthony Meoni
Mailing Address 601 Pennsylvania Ave Nw
South Building; Suite 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Information Technol
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 252.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1563
Amount of Each Receipt this Period: 10.50

SUBTOTAL of Receipts This Page (optional) ▶	31.50
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 88 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Anthony Meoni
Mailing Address 601 Pennsylvania Ave Nw
South Building; Suite 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Information Technol
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 252.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3163
Amount of Each Receipt this Period: 10.50

B. Full Name (Last, First, Middle Initial)
Thomas Meyers
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Policy Department
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3131
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
Martin Mitchell
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Regional Director State Advocacy
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 208.30

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3141
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ **51.33**

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 89 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Joseph Novak
Mailing Address 4401 Satinwood Cir NW
City: Canton | State: OH | Zip Code: 44718-2148
FEC ID number of contributing federal political committee: C
Name of Employer: AultCare
Occupation: VP
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 10 2005
Transaction ID: 7882450511103143428
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dennis Oakes
Mailing Address 210 W. Rittenhouse Square Apt. 1601
City: Philadelphia | State: PA | Zip Code: 19103-5774
FEC ID number of contributing federal political committee: C
Name of Employer: Aetna Inc.
Occupation: VP; Public Policy
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 19 2005
Transaction ID: 02687705071933886682
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Betsy Pekovitz
Mailing Address 601 Pennsylvania Ave Nw South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 375.03

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3142
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ **1541.67**

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 90 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Betsy Pekovitz
Mailing Address 601 Pennsylvania Ave Nw
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 375.03

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1542
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Betsy Pekovitz
Mailing Address 601 Pennsylvania Ave Nw
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 375.03

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3042
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Betsy Pekovitz
Mailing Address 601 Pennsylvania Ave Nw
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 375.03

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1542
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 91 / 159
(check only one)
X 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)
Betsy Pelovitz
Mailing Address 601 Pennsylvania Ave Nw
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 375.03

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3142
Amount of Each Receipt this Period: 41.67

B.
Full Name (Last, First, Middle Initial)
Christopher Perna
Mailing Address 165 Court St
City: Rochester | State: NY | Zip Code: 14647-0001
FEC ID number of contributing federal political committee: C
Name of Employer: MedAmerica Insurance Company of New Yo
Occupation: President & COO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 07 20 2005
Transaction ID: 8722750507204744198
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Christopher Perna
Mailing Address 165 Court St
City: Rochester | State: NY | Zip Code: 14647-0001
FEC ID number of contributing federal political committee: C
Name of Employer: MedAmerica Insurance Company of New Yo
Occupation: President & COO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 07 20 2005
Transaction ID: 7243260507203923086
Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ▶ **3041.67**

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 92 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Susan Pisano
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Communications
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2208.22

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_151
Amount of Each Receipt this Period: 104.16

B. Full Name (Last, First, Middle Initial)
Susan Pisano
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Communications
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2208.22

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_311
Amount of Each Receipt this Period: 104.16

C. Full Name (Last, First, Middle Initial)
Susan Pisano
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Communications
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2208.22

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_151
Amount of Each Receipt this Period: 104.16

SUBTOTAL of Receipts This Page (optional) ▶ **312.48**

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 93 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Susan Pisano
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Communications
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2208.22

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_301
Amount of Each Receipt this Period: 104.16

B. Full Name (Last, First, Middle Initial)
Susan Pisano
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Communications
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2208.22

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_151
Amount of Each Receipt this Period: 104.16

C. Full Name (Last, First, Middle Initial)
Susan Pisano
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Communications
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2208.22

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_311
Amount of Each Receipt this Period: 104.16

SUBTOTAL of Receipts This Page (optional) ▶ **312.48**

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 94 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Susan Pisano
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Communications
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2208.22

Date of Receipt: 07 15 2005
Transaction ID: 2005_07_151
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Susan Pisano
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Communications
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2208.22

Date of Receipt: 07 31 2005
Transaction ID: 2005_07_315
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
Susan Pisano
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Communications
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2208.22

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_151
Amount of Each Receipt this Period: 104.16

SUBTOTAL of Receipts This Page (optional) ▶ **270.82**

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 95 / 159
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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
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Communications
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2208.22

Date of Receipt: 08 31 2005
Transaction ID: 2005083157
Amount of Each Receipt this Period: 104.16

B. Full Name (Last, First, Middle Initial)
Susan Pisano
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Communications
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2208.22

Date of Receipt: 09 15 2005
Transaction ID: 2005091S1
Amount of Each Receipt this Period: 104.16

C. Full Name (Last, First, Middle Initial)
Susan Pisano
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Communications
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2208.22

Date of Receipt: 09 30 2005
Transaction ID: 2005093D1
Amount of Each Receipt this Period: 104.16

SUBTOTAL of Receipts This Page (optional) ▶ **312.48**

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

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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 Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 1699.92

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1596
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Richard Ramsay
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 10 31 2005
Transaction ID: 2005_10_3135
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
Richard Ramsay
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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 15 2005
Transaction ID: 2005_11_1535
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 97 / 159
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Richard Ramsay
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 1699.92

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3035
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Richard Ramsay
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 1899.92

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1535
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
Richard Ramsay
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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 2005
Transaction ID: 2005_12_3135
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 98 / 159
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Richard Ramsay
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 1699.92
Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1528
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Richard Ramsay
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 07 31 2005
Transaction ID: 2005_07_3167
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
Richard Ramsay
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 08 15 2005
Transaction ID: 2005_08_1535
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 99 / 159
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X 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)
Richard Ramsay
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 1699.92

Date of Receipt: 08 31 2005
Transaction ID: 2005083149
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Richard Ramsay
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 09 15 2005
Transaction ID: 2005091535
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
Richard Ramsay
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
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: 09 30 2005
Transaction ID: 2005093035
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 100 / 159
(check only one)
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Robert Reed
Mailing Address 2800 Dodge St
City: Omaha | State: NE | Zip Code: 68131-2672
FEC ID number of contributing federal political committee: C
Name of Employer: Physicians Mutual Insurance Company
Occupation: President and Chief Executive Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 10 20 2005
Transaction ID: 6425390510209801842
Amount of Each Receipt this Period: 2000.00

B.
Full Name (Last, First, Middle Initial)
Ingrid Reeves
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Membership
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 264.00

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1559
Amount of Each Receipt this Period: 11.00

C.
Full Name (Last, First, Middle Initial)
Ingrid Reeves
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Membership
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 264.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3158
Amount of Each Receipt this Period: 11.00

SUBTOTAL of Receipts This Page (optional) ▶ **2022.00**

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 101 / 159
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Ingrid Reeves
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Membership
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 264.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1558
Amount of Each Receipt this Period: 11.00

B. Full Name (Last, First, Middle Initial)
Ingrid Reeves
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Membership
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 264.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3058
Amount of Each Receipt this Period: 11.00

C. Full Name (Last, First, Middle Initial)
Ingrid Reeves
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Membership
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 264.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1558
Amount of Each Receipt this Period: 11.00

SUBTOTAL of Receipts This Page (optional) ▶ **33.00**

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 102 / 159
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A.
Full Name (Last, First, Middle Initial)
Ingrid Reeves
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Membership
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 264.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3158
Amount of Each Receipt this Period: 11.00

B.
Full Name (Last, First, Middle Initial)
Christopher Remark
Mailing Address 11205 Wright Road
City: Uniontown | State: OH | Zip Code: 44685
FEC ID number of contributing federal political committee: C
Name of Employer: AultCare
Occupation: EVP; Altman Hospital
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 09 2005
Transaction ID: 3562500511095980874
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Aran Ron
Mailing Address 1012 Constable Dr
City: Mamaroneck | State: NY | Zip Code: 10543-4702
FEC ID number of contributing federal political committee: C
Name of Employer: Group Health Inc.
Occupation: SVP
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 12 01 2005
Transaction ID: B5191B0512D14715730
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ▶ **911.00**

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 103 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Edward Roth
Mailing Address 8566 Corrine Drive; NW
City: Canton | State: OH | Zip Code: 44718
FEC ID number of contributing federal political committee: C
Name of Employer: AultCare
Occupation: President; Altman Hospital
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 09 2005
Transaction ID: 8776650511095997476
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Stuart Shaw
Mailing Address 4409 Tracey Lane
City: Bethlehem | State: PA | Zip Code: 18017
FEC ID number of contributing federal political committee: C
Name of Employer: Guardian
Occupation: VP; Group Products
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 29 2005
Transaction ID: 12230105511294288436
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Lisa Shreve
Mailing Address 12149 Darnley Rd
City: Woodbridge | State: VA | Zip Code: 22192-6815
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Professional Education
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_317
Amount of Each Receipt this Period: 10.42

SUBTOTAL of Receipts This Page (optional) ▶ **760.42**

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 104 / 159
(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)
Americas 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: America's Health Insurance Plans
Occupation: Vice President, Professional Education
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_157
Amount of Each Receipt this Period: 10.42

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: America's Health Insurance Plans
Occupation: Vice President, Professional Education
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_307
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: America's Health Insurance Plans
Occupation: Vice President, Professional Education
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_157
Amount of Each Receipt this Period: 10.42

SUBTOTAL of Receipts This Page (optional) ▶ **31.26**

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 105 / 159
(check only one)
X 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 12149 Darnley Rd
City: Woodbridge | State: VA | Zip Code: 22192-6615
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Professional Education
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_317
Amount of Each Receipt this Period: 10.34

B. Full Name (Last, First, Middle Initial)
Harvey Sigelbaum
Mailing Address 115 Fifth Ave 7th Fl
City: New York | State: NY | Zip Code: 10003-1004
FEC ID number of contributing federal political committee: C
Name of Employer: MultiPlan: Inc.
Occupation: Executive Chairman
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 07 28 2005
Transaction ID: 0813970509135337483
Amount of Each Receipt this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
Sawola Spottswood
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Sr. Manager of Vaccines; Immunization
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 312.50

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1549
Amount of Each Receipt this Period: 31.25

SUBTOTAL of Receipts This Page (optional) ▶ **2041.59**

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 106 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Savoia Spottswood
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee. C
Name of Employer: America's Health Insurance Plans
Occupation: Sr. Manager of Vaccines; Immunizatior
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 312.50

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3049
Amount of Each Receipt this Period: 31.25

B.
Full Name (Last, First, Middle Initial)
Savoia Spottswood
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee. C
Name of Employer: America's Health Insurance Plans
Occupation: Sr. Manager of Vaccines; Immunizatior
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 312.50

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1549
Amount of Each Receipt this Period: 31.25

C.
Full Name (Last, First, Middle Initial)
Savoia Spottswood
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee. C
Name of Employer: America's Health Insurance Plans
Occupation: Sr. Manager of Vaccines; Immunizatior
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 312.50

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3149
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 107 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Scott Styles
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President Federal Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1551
Amount of Each Receipt this Period: 204.35

B.
Full Name (Last, First, Middle Initial)
Scott Styles
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President Federal Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3150
Amount of Each Receipt this Period: 204.35

C.
Full Name (Last, First, Middle Initial)
Scott Styles
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President Federal Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1550
Amount of Each Receipt this Period: 204.35

SUBTOTAL of Receipts This Page (optional) ▶ **613.05**

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 108 / 159
(check only one)

X 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)
Scott Styles
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President Federal Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3050
Amount of Each Receipt this Period: 204.35

B.
Full Name (Last, First, Middle Initial)
Scott Styles
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President Federal Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1550
Amount of Each Receipt this Period: 204.35

C.
Full Name (Last, First, Middle Initial)
Scott Styles
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President Federal Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3150
Amount of Each Receipt this Period: 204.30

SUBTOTAL of Receipts This Page (optional) ▶ **613.00**

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 109 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Scott Styles
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President Federal Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1534
Amount of Each Receipt this Period: 204.35

B.
Full Name (Last, First, Middle Initial)
Scott Styles
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President Federal Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 07 31 2005
Transaction ID: 2005_07_3179
Amount of Each Receipt this Period: 204.35

C.
Full Name (Last, First, Middle Initial)
Scott Styles
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President Federal Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1546
Amount of Each Receipt this Period: 204.35

SUBTOTAL of Receipts This Page (optional) ▶ **613.05**

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 110 / 159
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X 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)
Scott Styles
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President Federal Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 08 31 2005
Transaction ID: 2005083159
Amount of Each Receipt this Period: 204.35

B.
Full Name (Last, First, Middle Initial)
Scott Styles
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President Federal Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 09 15 2005
Transaction ID: 2005091550
Amount of Each Receipt this Period: 204.35

C.
Full Name (Last, First, Middle Initial)
Scott Styles
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President Federal Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 09 30 2005
Transaction ID: 2005093050
Amount of Each Receipt this Period: 204.35

SUBTOTAL of Receipts This Page (optional) ▶ **613.05**

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 111 / 159
(check only one)
X 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)
Timothy Teynor
Mailing Address 2600 Sixth St SW
City: Canton | State: OH | Zip Code: 44710-1702
FEC ID number of contributing federal political committee: C
Name of Employer: AultCare
Occupation: Vice President - Public Policy
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 11 09 2005
Transaction ID: 34386805110959813 12
Amount of Each Receipt this Period: 1500.00

B. Full Name (Last, First, Middle Initial)
Jonathan Tilton
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Manager of External Relations
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 333.28

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_156
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Jonathan Tilton
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Manager of External Relations
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 333.28

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_316
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ **1541.66**

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 112 / 159
(check only one)
X 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)
Jonathan Tilton
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Manager of External Relations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 333.28

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_156
Amount of Each Receipt this Period: 20.83

B.
Full Name (Last, First, Middle Initial)
Jonathan Tilton
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Manager of External Relations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 333.28

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_306
Amount of Each Receipt this Period: 20.83

C.
Full Name (Last, First, Middle Initial)
Jonathan Tilton
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Manager of External Relations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 333.28

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_156
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 113 / 159
(check only one)
X 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)
Jonathan Tilton
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Manager of External Relations
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 333.28

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_316
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Jonathan Tilton
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Manager of External Relations
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 333.28

Date of Receipt: 09 30 2005
Transaction ID: 2005090306
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Michael Tuffin
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: SVP of Strategic Communications & Publ
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 08 02 2005
Transaction ID: B4377205080252832B0
Amount of Each Receipt this Period: 3000.00

SUBTOTAL of Receipts This Page (optional) ▶ **3041.66**

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 114 / 159
(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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Rod Turner
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Product Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1999.92

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1531
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Rod Turner
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Product Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1999.92

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3130
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
Rod Turner
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Product Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1999.92

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1530
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 115 / 159
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Rod Turner
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Product Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1699.92
Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3090
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Rod Turner
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Product Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1899.92
Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1530
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
Rod Turner
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Product Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1999.92
Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3130
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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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)
Rod Turner
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Product Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1699.92
Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1526
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Rod Turner
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Product Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1899.92
Date of Receipt: 07 31 2005
Transaction ID: 2005_07_3159
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
Rod Turner
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Product Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1999.92
Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1530
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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Rod Turner
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Product Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1699.92

Date of Receipt: 08 31 2005
Transaction ID: 2005083148
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Rod Turner
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Product Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1999.92

Date of Receipt: 09 15 2005
Transaction ID: 2005091530
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial)
Rod Turner
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Product Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1999.92

Date of Receipt: 09 30 2005
Transaction ID: 2005093030
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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Mark Van Koevering
Mailing Address 107 Chocolay Downs Golf Drive
City: Marquette | State: MI | Zip Code: 49855
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director, Legislative Communica
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1080.00
Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1552
Amount of Each Receipt this Period: 45.00

B. Full Name (Last, First, Middle Initial)
Mark Van Koevering
Mailing Address 107 Chocolay Downs Golf Drive
City: Marquette | State: MI | Zip Code: 49855
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director, Legislative Communica
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1080.00
Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3151
Amount of Each Receipt this Period: 45.00

C. Full Name (Last, First, Middle Initial)
Mark Van Koevering
Mailing Address 107 Chocolay Downs Golf Drive
City: Marquette | State: MI | Zip Code: 49855
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director, Legislative Communica
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1080.00
Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1551
Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ▶ **135.00**

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 119 / 159
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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
Mailing Address 107 Chocolay Downs Golf Drive
City: Marquette | State: MI | Zip Code: 49855
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director, Legislative Communica
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1080.00
Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3051
Amount of Each Receipt this Period: 45.00

B. Full Name (Last, First, Middle Initial)
Mark Van Koevering
Mailing Address 107 Chocolay Downs Golf Drive
City: Marquette | State: MI | Zip Code: 49855
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director, Legislative Communica
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1080.00
Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1551
Amount of Each Receipt this Period: 45.00

C. Full Name (Last, First, Middle Initial)
Mark Van Koevering
Mailing Address 107 Chocolay Downs Golf Drive
City: Marquette | State: MI | Zip Code: 49855
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director, Legislative Communica
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1080.00
Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3151
Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ▶ **135.00**

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 120 / 159
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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
Mailing Address 107 Chocolay Downs Golf Drive
City: Marquette | State: MI | Zip Code: 49855
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director, Legislative Communica
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1080.00
Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1535
Amount of Each Receipt this Period: 45.00

B. Full Name (Last, First, Middle Initial)
Mark Van Koevering
Mailing Address 107 Chocolay Downs Golf Drive
City: Marquette | State: MI | Zip Code: 49855
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director, Legislative Communica
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1080.00
Date of Receipt: 07 31 2005
Transaction ID: 2005_07_3181
Amount of Each Receipt this Period: 45.00

C. Full Name (Last, First, Middle Initial)
Mark Van Koevering
Mailing Address 107 Chocolay Downs Golf Drive
City: Marquette | State: MI | Zip Code: 49855
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director, Legislative Communica
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1080.00
Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1547
Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ▶ **135.00**

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 121 / 159
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Mark Van Koevering
Mailing Address 107 Chocolay Downs Golf Drive
City: Marquette | State: MI | Zip Code: 49855
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director, Legislative Communica
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1080.00

Date of Receipt: 08 31 2005
Transaction ID: 2005083133
Amount of Each Receipt this Period: 45.00

B. Full Name (Last, First, Middle Initial)
Mark Van Koevering
Mailing Address 107 Chocolay Downs Golf Drive
City: Marquette | State: MI | Zip Code: 49855
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director, Legislative Communica
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1080.00

Date of Receipt: 09 15 2005
Transaction ID: 2005091551
Amount of Each Receipt this Period: 45.00

C. Full Name (Last, First, Middle Initial)
Mark Van Koevering
Mailing Address 107 Chocolay Downs Golf Drive
City: Marquette | State: MI | Zip Code: 49855
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director, Legislative Communica
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1080.00

Date of Receipt: 09 30 2005
Transaction ID: 2005093051
Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ▶ **135.00**

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Kelly Vogel
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Federal Affairs
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1554
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Kelly Vogel
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Federal Affairs
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3153
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Kelly Vogel
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Federal Affairs
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1553
Amount of Each Receipt this Period: 20.83

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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)
Kelly Vogel
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Federal Affairs
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3053
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Kelly Vogel
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Federal Affairs
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1553
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Kelly Vogel
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Federal Affairs
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3153
Amount of Each Receipt this Period: 20.83

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Kelly Vogel
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Federal Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1537
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Kelly Vogel
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Federal Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 07 31 2005
Transaction ID: 2005_07_3185
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Kelly Vogel
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Federal Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1549
Amount of Each Receipt this Period: 20.83

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 125 / 159
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Kelly Vogel
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Federal Affairs
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 08 31 2005
Transaction ID: 2005083116
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Kelly Vogel
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Federal Affairs
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 09 15 2005
Transaction ID: 2005091553
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Kelly Vogel
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director Federal Affairs
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 499.92

Date of Receipt: 09 30 2005
Transaction ID: 2005093053
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

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FOR LINE NUMBER: PAGE 126 / 159
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Eric Weber
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Business Advancement
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1083.29

Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1544
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Richard White
Mailing Address 44 Walker Street
Unit #4
City: New York | State: NY | Zip Code: 10013-3514
FEC ID number of contributing federal political committee: C
Name of Employer: Guardian
Occupation: SVP; Group Insurance
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 11 29 2005
Transaction ID: 2932670511294354753
Amount of Each Receipt this Period: 1500.00

C. Full Name (Last, First, Middle Initial)
Kathryn Wilber
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Private Market Regu
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 239.66

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3121
Amount of Each Receipt this Period: 10.42

SUBTOTAL of Receipts This Page (optional) ▶ **1593.75**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 127 / 159
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Kathryn Wilber
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Private Market Regu
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 239.66

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1521
Amount of Each Receipt this Period: 10.42

B. Full Name (Last, First, Middle Initial)
Kathryn Wilber
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Private Market Regu
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 239.66

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3021
Amount of Each Receipt this Period: 10.42

C. Full Name (Last, First, Middle Initial)
Kathryn Wilber
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Executive Director Private Market Regu
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 239.66

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1521
Amount of Each Receipt this Period: 10.42

SUBTOTAL of Receipts This Page (optional) ▶	31.26
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 128 / 159
(check only one)
X 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)
Tom Wilder
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Private Market Regulat
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 729.16

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1523
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Tom Wilder
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Private Market Regulat
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 729.18

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3122
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Tom Wilder
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Private Market Regulat
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 729.16

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1522
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

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

A. Full Name (Last, First, Middle Initial)
Tom Wilder
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Private Market Regulat
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 729.16

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3022
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Tom Wilder
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Private Market Regulat
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 729.16

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1522
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Tom Wilder
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Private Market Regulat
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 729.16

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3122
Amount of Each Receipt this Period: 41.67

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 159
(check only one)
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Tom Wilder
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Private Market Regulat
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 729.16

Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1519
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Tom Wilder
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Private Market Regulat
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 729.16

Date of Receipt: 07 31 2005
Transaction ID: 2005_07_3145
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Tom Wilder
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Private Market Regulat
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 729.16

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1522
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

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

A. Full Name (Last, First, Middle Initial)
Tom Wilder
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Private Market Regulat
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 729.16

Date of Receipt: 08 31 2005
Transaction ID: 2005083145
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Tom Wilder
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Private Market Regulat
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 729.16

Date of Receipt: 09 15 2005
Transaction ID: 2005091522
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Tom Wilder
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President; Private Market Regulat
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 729.16

Date of Receipt: 09 30 2005
Transaction ID: 2005093022
Amount of Each Receipt this Period: 41.67

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

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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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Ronald Williams
Mailing Address 151 Farmington Ave
City: Hartford | State: CT | Zip Code: 06156-0001
FEC ID number of contributing federal political committee: C
Name of Employer: Aetna Inc.
Occupation: President
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 19 2005
Transaction ID: 84646105071931139 28
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Joseph Winn
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: State Regional Director
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1541
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Joseph Winn
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: State Regional Director
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3140
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ **1083.34**

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 133 / 159
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Joseph Winn
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: State Regional Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1540
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Joseph Winn
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: State Regional Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3040
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Joseph Winn
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: State Regional Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1540
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 134 / 159
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Joseph Winn
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: State Regional Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3140
Amount of Each Receipt this Period: 41.59

B. Full Name (Last, First, Middle Initial)
Joseph Winn
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: State Regional Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1532
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Joseph Winn
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: State Regional Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 31 2005
Transaction ID: 2005_07_3175
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ **124.93**

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)
Americas Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial)
Joseph Winn
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: State Regional Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1540
Amount of Each Receipt this Period: 41.67

B.
Full Name (Last, First, Middle Initial)
Joseph Winn
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: State Regional Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 31 2005
Transaction ID: 2005083130
Amount of Each Receipt this Period: 41.67

C.
Full Name (Last, First, Middle Initial)
Joseph Winn
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: State Regional Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 15 2005
Transaction ID: 20050B1540
Amount of Each Receipt this Period: 41.67

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

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Joseph Winn
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: State Regional Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 30 2005
Transaction ID: 2005093040
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Dale Wolf
Mailing Address 6705 Rockledge Dr
Ste 900
City: Bethesda | State: MD | Zip Code: 20817-1850
FEC ID number of contributing federal political committee: C
Name of Employer: Coventry Health Care; Inc.
Occupation: CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 11 29 2005
Transaction ID: 1870030511293992759
Amount of Each Receipt this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
Duane Wright
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 666.72

Date of Receipt: 10 15 2005
Transaction ID: 2005_10_1558
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ **2083.34**

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

SCHEDULE A (FEC Form 3X)
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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
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 666.72

Date of Receipt: 10 31 2005
Transaction ID: 2005_10_3157
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Duane Wright
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 666.72

Date of Receipt: 11 15 2005
Transaction ID: 2005_11_1557
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Duane Wright
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 666.72

Date of Receipt: 11 30 2005
Transaction ID: 2005_11_3057
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

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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
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 666.72

Date of Receipt: 12 15 2005
Transaction ID: 2005_12_1557
Amount of Each Receipt this Period: 41.67

B.
Full Name (Last, First, Middle Initial)
Duane Wright
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 666.72

Date of Receipt: 12 31 2005
Transaction ID: 2005_12_3157
Amount of Each Receipt this Period: 41.67

C.
Full Name (Last, First, Middle Initial)
Duane Wright
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 666.72

Date of Receipt: 07 15 2005
Transaction ID: 2005_07_1541
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

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FOR LINE NUMBER: PAGE 139 / 159
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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
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 666.72

Date of Receipt: 07 31 2005
Transaction ID: 2005_07_3193
Amount of Each Receipt this Period: 41.67

B.
Full Name (Last, First, Middle Initial)
Duane Wright
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 666.72

Date of Receipt: 08 15 2005
Transaction ID: 2005_08_1553
Amount of Each Receipt this Period: 41.67

C.
Full Name (Last, First, Middle Initial)
Duane Wright
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 666.72

Date of Receipt: 08 31 2005
Transaction ID: 2005083147
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

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FOR LINE NUMBER: PAGE 140 / 159
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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
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 666.72

Date of Receipt: 09 15 2005
Transaction ID: 2005091557
Amount of Each Receipt this Period: 41.67

B.
Full Name (Last, First, Middle Initial)
Duane Wright
Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500
City: Washington | State: DC | Zip Code: 20004-2601
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Director; Legislative Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 666.72

Date of Receipt: 09 30 2005
Transaction ID: 2005093057
Amount of Each Receipt this Period: 41.67

C.
Full Name (Last, First, Middle Initial)
Michael Yermish
Mailing Address 7 Hanover Square
City: New York | State: NY | Zip Code: 10004-2616
FEC ID number of contributing federal political committee: C
Name of Employer: Guardian
Occupation: Assistant Actuary; Group Dental
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 29 2005
Transaction ID: 8084060511294327686
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶	333.34
TOTAL This Period (last page this line number only) ▶	79978.16

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 141 / 159
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11a [ ] 11b [X] 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)
Aegon Usa Inc Political Action Committee
Mailing Address 1111 North Charles Street
City: Baltimore | State: MD | Zip Code: 21201
FEC ID number of contributing federal political committee: C C00236414
Name of Employer | Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 10 04 2005
Transaction ID: 550300051004340247 9
Amount of Each Receipt this Period: 2500.00

B.
Full Name (Last, First, Middle Initial)
Aegon Usa Inc Political Action Committee
Mailing Address 1111 North Charles Street
City: Baltimore | State: MD | Zip Code: 21201
FEC ID number of contributing federal political committee: C C00236414
Name of Employer | Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 08 04 2005
Transaction ID: 28481205080440001 32
Amount of Each Receipt this Period: 2500.00

C.
Full Name (Last, First, Middle Initial)
Aflac Incorporated Political Action Committee Aflacpac
Mailing Address Worldwide Headquarters
City: Columbus | State: GA | Zip Code: 31569
FEC ID number of contributing federal political committee: C C00034157
Name of Employer | Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 11 29 2005
Transaction ID: 31819705112954750 44
Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ▶ **10000.00**

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 142 / 159
(check only one)
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
American Enterprise Mutual Holding Company Pac
Mailing Address 801 6th Avenue
City: Des Moines | State: IA | Zip Code: 50334
FEC ID number of contributing federal political committee: C C00367524
Name of Employer | Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 09 22 2005
Transaction ID: 4745700509226197025
Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
American Fidelity Corporation Pac
Mailing Address 2000 Classen Center PO Box 25523
City: Oklahoma City | State: OK | Zip Code: 73125
FEC ID number of contributing federal political committee: C C00210526
Name of Employer | Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 08 02 2005
Transaction ID: 3092870511084936010
Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
Aon Corporation Political Action Committee (AON PAC)
Mailing Address 200 East Randolph
City: Chicago | State: IL | Zip Code: 60601
FEC ID number of contributing federal political committee: C C00211250
Name of Employer | Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 11 14 2005
Transaction ID: 3523470511033755527
Amount of Each Receipt this Period: 5000.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 143 / 159
(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)
Deere & Company Political Action Committee (AKA JOHN DEERE PAC)
Mailing Address One John Deere Place
Deere and Company; John Deere Road
City: Moline | State: IL | Zip Code: 61265
FEC ID number of contributing federal political committee: C C00204099
Name of Employer | Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 10 20 2005
Transaction ID: 75835806010535655 98
Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
Genworth Financial Inc Political Action Committee Aka Genworth Pac
Mailing Address 6620 West Broad Street
City: Richmond | State: VA | Zip Code: 23230
FEC ID number of contributing federal political committee: C C00404194
Name of Employer | Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2500.00

Date of Receipt: 11 01 2005
Transaction ID: 89528305110156635 77
Amount of Each Receipt this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
Group Health Incorporated Federal Political Action Committee
Mailing Address 441 Ninth Avenue
City: New York | State: NY | Zip Code: 10001
FEC ID number of contributing federal political committee: C C00250613
Name of Employer | Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 10 21 2005
Transaction ID: 46225405120146414 81
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **8500.00**

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 144 / 159
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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)
Group Health Incorporated Federal Political Action Committee
Mailing Address 441 Ninth Avenue
City: New York | State: NY | Zip Code: 10001
FEC ID number of contributing federal political committee: C C00250613
Name of Employer | Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 12 01 2005
Transaction ID: 032399060105355922 1
Amount of Each Receipt this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
Health Net, Incorporated Political Action Committee
Mailing Address 21650 Oxnard Street 25th Floor
City: Woodland Hills | State: CA | Zip Code: 91367
FEC ID number of contributing federal political committee: C C00230789
Name of Employer | Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 11 10 2005
Transaction ID: 55991305111040734 90
Amount of Each Receipt this Period: 5000.00

C. 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 C00126918
Name of Employer | Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 08 02 2005
Transaction ID: 36284605080255629 35
Amount of Each Receipt this Period: 5000.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 145 / 159
(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)
United Services Automobile Association Employee Pac - Usaa Employee Pac
Mailing Address 9800 Fredericksburg Road
Room 501
City: San Antonio
State: TX
Zip Code: 78288
FEC ID number of contributing federal political committee: C C00164145
Name of Employer:
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 12 19 2005
Transaction ID: 7793340512195955418
Amount of Each Receipt this Period: 2000.00

B.
Full Name (Last, First, Middle Initial)
Unumprovident Political Action Committee (UPPAC)
Mailing Address 2211 Congress Street
City: Portland
State: ME
Zip Code: 04122
FEC ID number of contributing federal political committee: C C00177436
Name of Employer:
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 12 13 2005
Transaction ID: 8402080512133584959
Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	52500.00

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)
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

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 56504D0512205488681
Date of Disbursement: 11 / 14 / 2005

Amount of Each Disbursement this Period: 10.00

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: Check Enclosure Fee

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: B193D0512205492261
Date of Disbursement: 11 / 30 / 2005

Amount of Each Disbursement this Period: 3.00

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

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 855260051220549001 4
Date of Disbursement: 11 / 30 / 2005

Amount of Each Disbursement this Period: 10.00

SUBTOTAL of Disbursements This Page (optional) ▶ **23.00**

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)

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

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 31883908011105204595
Date of Disbursement 12 / 13 / 2005

Amount of Each Disbursement this Period
10.00

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

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: B9577206011105206592
Date of Disbursement 12 / 28 / 2005

Amount of Each Disbursement this Period
10.00

SUBTOTAL of Disbursements This Page (optional) ▶	20.00
TOTAL This Period (last page this line number only) ▶	43.00

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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Andrews for Congress Committee

Mailing Address 215 Fourth Avenue
Suite 200

City: Haddon Heights | State: NJ | Zip Code: 08035

Purpose of Disbursement: 2006 Primary

Candidate Name: Andrews Robert

Category/ Type

Office Sought: X House / Senate / President
State: NJ District: 01

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

Transaction ID: 75717705102039915486
Date of Disbursement: 10 / 20 / 2005

Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
Blue Dog Political Action Committee

Mailing Address 6849 Old Dominion Drive
Suite 222

City: McLean | State: VA | Zip Code: 22101

Purpose of Disbursement: 2005 Contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: D3142905092150837 47
Date of Disbursement: 09 / 21 / 2005

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Committee To Elect McHugh

Mailing Address 228 S. Washington St. Ste. 115
PO Box 70052

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

Purpose of Disbursement: 2006 Primary

Candidate Name: McHugh John

Category/ Type

Office Sought: X House / Senate / President
State: NY District: 23

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

Transaction ID: 20435705090737933 90
Date of Disbursement: 09 / 07 / 2005

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4000.00**

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)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
Committee To Re-Elect Vito Fossella

Mailing Address PO Box 131403
PO Box 060248

City: Staten Island | State: NY | Zip Code: 10313

Purpose of Disbursement: 2006 Primary

Candidate Name: Fossella Vito

Category/ Type:

Office Sought: X House / Senate / President
State: NY District: 13

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

Transaction ID: 5310570512194382610
Date of Disbursement: 12 / 19 / 2005

Amount of Each Disbursement this Period: 1500.00

B. Full Name (Last, First, Middle Initial)
Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Boulevard #1612

City: Los Angeles | State: CA | Zip Code: 90048

Purpose of Disbursement: 2006 Primary

Candidate Name: Waxman Henry

Category/ Type:

Office Sought: X House / Senate / President
State: CA District: 30

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

Transaction ID: 3502140507264033237
Date of Disbursement: 07 / 26 / 2005

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dave Camp for Congress 2006

Mailing Address 5915 Eastman Avenue Suite 100

City: Midland | State: MI | Zip Code: 48640

Purpose of Disbursement: 2006 Primary

Candidate Name: Camp Dave

Category/ Type:

Office Sought: X House / Senate / President
State: MI District: 04

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

Transaction ID: 7051050509073795588
Date of Disbursement: 09 / 07 / 2005

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3500.00**

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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue Northeast

City: Washington | State: DC | Zip Code: 20002

Purpose of Disbursement: 2005 Contribution

Candidate Name:

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President — State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: 910412051202401 6735

Date of Disbursement: 12 / 02 / 2005

Amount of Each Disbursement this Period: 7500.00

B. Full Name (Last, First, Middle Initial)
Earl Pomeroy for Congress

Mailing Address PO Box 9336

City: Fargo | State: ND | Zip Code: 58106

Purpose of Disbursement: 2006 Primary

Candidate Name: Pomeroy Earl

Category/ Type:

Office Sought: ☒ House ☐ Senate ☐ President — State: ND District: 01

Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: 51012805111052768940

Date of Disbursement: 11 / 10 / 2005

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Freedom Fund

Mailing Address 1155 21st Street Northwest Suite 300

City: Washington | State: DC | Zip Code: 20036

Purpose of Disbursement: 2005 Contribution

Candidate Name:

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President — State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: 15018205092150844 71

Date of Disbursement: 09 / 21 / 2005

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **10500.00**

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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Friends of Conrad Burns - 2006

Mailing Address PO Box 1596

City: Helena | State: MT | Zip Code: 59624

Purpose of Disbursement: 2006 Primary

Candidate Name: Burns Conrad

Category/ Type

Office Sought: House / X Senate / President — State: MT — District: 00

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

Transaction ID: 2628850510086275932
Date of Disbursement: 10 / 06 / 2005

Amount of Each Disbursement this Period: -2000.00

Uncashed Contribution

B. Full Name (Last, First, Middle Initial)
Friends of Conrad Burns - 2006

Mailing Address PO Box 1596

City: Helena | State: MT | Zip Code: 59624

Purpose of Disbursement: 2006 Primary

Candidate Name: Burns Conrad

Category/ Type

Office Sought: House / X Senate / President — State: MT — District: 00

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

Transaction ID: 7858170509293403520
Date of Disbursement: 09 / 29 / 2005

Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
Friends of Gordon Smith

Mailing Address 228 S Washington Suite 115

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

Purpose of Disbursement: 2008 Primary

Candidate Name: Smith Gordon

Category/ Type

Office Sought: House / X Senate / President — State: OR — District: 00

Disbursement For: 2008 — X Primary / General / Other (specify)

Transaction ID: 0944720509073794547
Date of Disbursement: 09 / 07 / 2005

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2000.00**

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)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Friends of Joe Lieberman

Mailing Address PO Box 231294
State House Square

City: State House Square | State: CT | Zip Code: 06123

Purpose of Disbursement: 2006 Primary

Candidate Name: Lieberman Joseph

Category/ Type

Office Sought: House / X Senate / President — State: CT — District: 00

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

Transaction ID: B2615305083042646B0
Date of Disbursement: 08 / 30 / 2005

Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
Friends of John Tanner

Mailing Address Post Office Box 1994

City: Union City | State: TN | Zip Code: 38281

Purpose of Disbursement: 2006 Primary

Candidate Name: Tanner John

Category/ Type

Office Sought: X House / Senate / President — State: TN — District: 08

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

Transaction ID: B153220511D23406584
Date of Disbursement: 11 / 02 / 2005

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Friends of Kent Conrad

Mailing Address PO Box 812

City: Bismarck | State: ND | Zip Code: 58502

Purpose of Disbursement: 2006 Primary

Candidate Name: Conrad Kent

Category/ Type

Office Sought: House / X Senate / President — State: ND — District: 00

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

Transaction ID: 65831705090737911 20
Date of Disbursement: 09 / 07 / 2005

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4000.00**

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)
Americas Health Insurance Plans PAC (AHIP PAC)

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

Mailing Address 1316 Lake Victoria Drive

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

Purpose of Disbursement: 2006 Primary

Candidate Name: Foley Mark

Category/ Type:

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

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

Transaction ID: 52770D0511305814038
Date of Disbursement: 11 / 30 / 2005

Amount of Each Disbursement this Period: 1500.00

B. Full Name (Last, First, Middle Initial)
Friends of Max Baucus

Mailing Address PO Box 586

City: Helena | State: MT | Zip Code: 59624

Purpose of Disbursement: 2006 Primary

Candidate Name: Baucus Max

Category/ Type:

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

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

Transaction ID: 5887670507264032062
Date of Disbursement: 07 / 26 / 2005

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Friends of Sam Johnson

Mailing Address 1611 Avenue K

City: Plano | State: TX | Zip Code: 75074

Purpose of Disbursement: 2006 Primary

Candidate Name: Johnson Sam

Category/ Type:

Office Sought: X House / Senate / President
State: TX District: 03

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

Transaction ID: 5511440509215085219
Date of Disbursement: 09 / 21 / 2005

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3500.00**

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)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
Heather Wilson for Congress

Mailing Address PO Box 14070

City: Albuquerque | State: NM | Zip Code: 87191

Purpose of Disbursement: 2006 Primary

Candidate Name: Wilson Heather

Category/ Type

Office Sought: X House / Senate / President
State: NM District: 01

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

Transaction ID: 331539051020391276Z
Date of Disbursement: 10 / 20 / 2005

Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Hoosiers Supporting Buyer for Congress

Mailing Address 200 North Main St PO Box 712

City: Monticello | State: IN | Zip Code: 47960

Purpose of Disbursement: 2006 Primary

Candidate Name: Buyer Stephen

Category/ Type

Office Sought: X House / Senate / President
State: IN District: 04

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

Transaction ID: 13787805092150876l9
Date of Disbursement: 09 / 21 / 2005

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South #310

City: Minnetonka | State: MN | Zip Code: 55305

Purpose of Disbursement: 2006 Primary

Candidate Name: Ramstad Jim

Category/ Type

Office Sought: X House / Senate / President
State: MN District: 03

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

Transaction ID: 95804805102039093S1
Date of Disbursement: 10 / 20 / 2005

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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

A. Full Name (Last, First, Middle Initial)
Marsha Blackburn for Congress Inc.

Mailing Address PO Box 682185

City: Franklin | State: TN | Zip Code: 37068

Purpose of Disbursement: 2006 Primary

Candidate Name: Blackburn Marsha

Category/ Type

Office Sought: X House / Senate / President
State: TN District: 07

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

Transaction ID: 79594D0511215991656
Date of Disbursement: 11 / 22 / 2005

Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
Michael Burgess for Congress

Mailing Address PO Box 2334

City: Denton | State: TX | Zip Code: 76202

Purpose of Disbursement: 2006 Primary

Candidate Name: Burgess Michael

Category/ Type

Office Sought: X House / Senate / President
State: TX District: 26

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

Transaction ID: D739050511D23397628
Date of Disbursement: 11 / 02 / 2005

Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
Richard Burr Committee

Mailing Address Post Office Box 5928

City: Winston-Salem | State: NC | Zip Code: 27113

Purpose of Disbursement: 2010 Primary

Candidate Name: Burr Richard

Category/ Type

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

Disbursement For: 2010
X Primary / General / Other (specify)

Transaction ID: 10187405092150B9042
Date of Disbursement: 09 / 21 / 2005

Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4500.00**

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

A. Full Name (Last, First, Middle Initial)
Searchlight Leadership Fund

Mailing Address 422 C Street Northeast
Lower Level

City: Washington | State: DC | Zip Code: 20002

Purpose of Disbursement: 2005 Contribution

Candidate Name:

Category/ Type:

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: 5823480512194405391
Date of Disbursement: 12 / 19 / 2005

Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
Snowe for Senate

Mailing Address PO Box 2006

City: Portland | State: ME | Zip Code: 04104

Purpose of Disbursement: 2006 Primary

Candidate Name: Snowe Olympia

Category/ Type:

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

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

Transaction ID: 9948970509215086050
Date of Disbursement: 09 / 21 / 2005

Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
Storm Chasers

Mailing Address PO Box 237

City: Monticello | State: IN | Zip Code: 47960

Purpose of Disbursement: 2005 Contribution

Candidate Name:

Category/ Type:

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: 15582505092150867 55
Date of Disbursement: 09 / 21 / 2005

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **5500.00**

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

A.
Full Name (Last, First, Middle Initial)
Sue Kelly for Congress

Mailing Address PO Box 599

City: Katonah | State: NY | Zip Code: 10536

Purpose of Disbursement: 2006 Primary

Candidate Name: Kelly Sue

Category/ Type

Office Sought: X House / Senate / President
State: NY District: 19

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

Transaction ID: D2090D0510D86299212
Date of Disbursement: 10 / 06 / 2005

Amount of Each Disbursement this Period: -1000.00

Uncashed Contribution

B.
Full Name (Last, First, Middle Initial)
Sue Kelly for Congress

Mailing Address PO Box 599

City: Katonah | State: NY | Zip Code: 10536

Purpose of Disbursement: 2006 Primary

Candidate Name: Kelly Sue

Category/ Type

Office Sought: X House / Senate / President
State: NY District: 19

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

Transaction ID: 51846B0510D64063260
Date of Disbursement: 10 / 06 / 2005

Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Volunteers for Shimkus

Mailing Address PO Box 5458

City: Springfield | State: IL | Zip Code: 62705

Purpose of Disbursement: 2006 Primary

Candidate Name: Shimkus John

Category/ Type

Office Sought: X House / Senate / President
State: IL District: 19

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

Transaction ID: 7895770511023399712
Date of Disbursement: 11 / 02 / 2005

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **1000.00**

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

Full Name (Last, First, Middle Initial)
A. Wally Herger for Congress Committee

Mailing Address PO Box 1500

City: Chico | State: CA | Zip Code: 95927

Purpose of Disbursement: 2006 Primary

Candidate Name: Herger Wally

Category/ Type

Office Sought: X House / Senate / President

State: CA District: 02

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

Transaction ID: D21526051020393194 2

Date of Disbursement: 10 / 20 / 2005

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	42500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

A. Full Name (Last, First, Middle Initial)
Democratic Leadership Council

Mailing Address 600 Pennsylvania Avenue; SE
Suite 400

City: Washington | State: DC | Zip Code: 20003

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: 53846308012352855B4
Date of Disbursement: 12 / 20 / 2005

Amount of Each Disbursement this Period: 12500.00

B. Full Name (Last, First, Middle Initial)
Gene Seaman Campaign

Mailing Address 2222 Airline

City: Corpus Christi | State: TX | Zip Code: 78414

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: 76093005101359088448
Date of Disbursement: 10 / 18 / 2005

Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶	**12750.00**
TOTAL This Period (last page this line number only) ▶	**12750.00**