

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 Washington DC 20004

2. FEC IDENTIFICATION NUMBER C00106740 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 06 09 2009 through 06 30 2009

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

Type or Print Name of Treasurer Mr. Robert Borchardt

Signature of Treasurer Electronically Filed by Mr. Robert Borchardt Date 07 31 2009

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

Please note that the PAC is aware that it may disclose payroll receipts by disclosing a single total for the reporting period along with the amount deducted per pay period for each contributor. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately, pursuant to 11 CFR 104.8(b), more accurately discloses how the receipts are collected

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	6

D	D
0	9

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		82935.42
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	95930.68									
(c) Total Receipts (from Line 19)	19495.52	195645.13								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	115426.20	278580.55								
7. Total Disbursements (from Line 31)	29614.66	192769.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	85811.54	85811.54								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From:

M	M
0	6

D	D
0	9

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	13917.56	106147.96
(ii) Unitemized	429.39	8976.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14346.95	115124.63
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	78500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19346.95	193624.63
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	148.57	1020.50
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
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))	19495.52	195645.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19495.52	195645.13

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.....	114.66	1269.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	114.66	1269.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	189000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	2500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2500.00
29. Other Disbursements.....	0.00	0.00
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))..	29614.66	192769.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29614.66	192769.01

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)	19346.95	193624.63
34. Total Contribution Refunds (from Line 28(d))	0.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19346.95	191124.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	114.66	1269.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	148.57	1020.50
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-33.91	248.51

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

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

FOR LINE NUMBER: PAGE 7 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Catherine Ayers
 Mailing Address 6222 N.W. 19th Place
 City Gainesville State FL Zip Code 32605
 Date of Receipt 06 / 30 / 2009
Transaction ID: 83f7c1367854cbe5a59
 Amount of Each Receipt this Period 375.00
 FEC ID number of contributing federal political committee. C
 Name of Employer AvMed Occupation SVP, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 375.00

B. Full Name (Last, First, Middle Initial)
Gary Bacher
 Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building
 City Washington State DC Zip Code 20004
 Date of Receipt 06 / 15 / 2009
Transaction ID: 20090611174418-1
 Amount of Each Receipt this Period 125.00
 FEC ID number of contributing federal political committee. C
 Name of Employer America's Health Insurance Plans Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1500.00

C. Full Name (Last, First, Middle Initial)
Gary Bacher
 Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building
 City Washington State DC Zip Code 20004
 Date of Receipt 06 / 30 / 2009
Transaction ID: 2009062613012-1
 Amount of Each Receipt this Period 125.00
 FEC ID number of contributing federal political committee. C
 Name of Employer America's Health Insurance Plans Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1500.00

SUBTOTAL of Receipts This Page (optional) ▶ 625.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 8 / 50
(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)
R. Bradford Bentley

Mailing Address 8717 S.W. 91st Place

City State Zip Code
Gainesville FL 32608

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

Name of Employer Occupation
AvMed VP Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2009

Transaction ID: 99ce997279436229ab5

Amount of Each Receipt this Period
275.00

B. Full Name (Last, First, Middle Initial)
Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2009

Transaction ID: 20090611174418-2

Amount of Each Receipt this Period
208.33

C. Full Name (Last, First, Middle Initial)
Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2009

Transaction ID: 2009062613012-2

Amount of Each Receipt this Period
208.33

SUBTOTAL of Receipts This Page (optional) ► **691.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert Bonnell	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 5400 SW 64th Ave	Transaction ID: c0c83d1dcd6b3ee4370
	City State Zip Code Miami FL 33155-6435	Amount of Each Receipt this Period 275.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AvMed Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) Robert Borchardt	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20090611174418-3
	City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation America's Health Insurance Plans Senior Vice President Finance & Operat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

C.	Full Name (Last, First, Middle Initial) Robert Borchardt	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 2009062613012-3
	City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation America's Health Insurance Plans Senior Vice President Finance & Operat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

SUBTOTAL of Receipts This Page (optional)	358.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20090611174418-4
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

B.

Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2009062613012-4
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

C.

Full Name (Last, First, Middle Initial) Winthrop Cashdollar		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20090611174418-7
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans	Occupation Executive Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	▶	145.84
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Winthrop Cashdollar	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 2009062613012-7
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 62.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Executive Director Product Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 750.00	

B.	Full Name (Last, First, Middle Initial) Yvonne Chanatry	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20090611174418-8
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Vice President, Marketing and Graphics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 999.96	

C.	Full Name (Last, First, Middle Initial) Yvonne Chanatry	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 2009062613012-8
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Vice President, Marketing and Graphics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 999.96	

SUBTOTAL of Receipts This Page (optional)	229.16
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Teresa Chovan		Date of Receipt																				
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	6		1	5		2	0	0	9													
	City Washington State DC Zip Code 20004		Transaction ID: 20090611174418-9																				
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																				
Name of Employer America's Health Insurance Plans Occupation Executive Director, Policy Research		<table border="1"><tr><td>14.58</td></tr></table>	14.58																				
14.58																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		<table border="1"><tr><td>224.96</td></tr></table>	224.96																				
224.96																							

B.	Full Name (Last, First, Middle Initial) Teresa Chovan		Date of Receipt																				
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	6		3	0		2	0	0	9													
	City Washington State DC Zip Code 20004		Transaction ID: 2009062613012-9																				
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																				
Name of Employer America's Health Insurance Plans Occupation Executive Director, Policy Research		<table border="1"><tr><td>14.58</td></tr></table>	14.58																				
14.58																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		<table border="1"><tr><td>224.96</td></tr></table>	224.96																				
224.96																							

C.	Full Name (Last, First, Middle Initial) Kirk Cianciolo		Date of Receipt																				
	Mailing Address 6303 Pasadena Point Blvd S		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	6		3	0		2	0	0	9													
	City Gulfport State FL Zip Code 33707-3867		Transaction ID: 5d474b8f5b5b95374a1																				
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																				
Name of Employer AvMed Occupation SVP and Chief Medical Officer		<table border="1"><tr><td>184.00</td></tr></table>	184.00																				
184.00																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		<table border="1"><tr><td>559.00</td></tr></table>	559.00																				
559.00																							

SUBTOTAL of Receipts This Page (optional)	<table border="1"><tr><td>213.16</td></tr></table>	213.16
213.16		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Kirk Cianciolo

Mailing Address 6303 Pasadena Point Blvd S

City State Zip Code
Gulfport FL 33707-3867

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

Name of Employer Occupation
AvMed SVP and Chief Medical Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 559.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 2cb38fa32a5238d8dd9

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
America's Health Insurance Plans Exec. Director of Learning & Resource

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090611174418-11

Amount of Each Receipt this Period

62.50

C.

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
America's Health Insurance Plans Exec. Director of Learning & Resource

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 2009062613012-11

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional) ▶

500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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)
Stephen Demontmollin

Mailing Address 4300 Northwest 89th Boulevard

City Gainesville State FL Zip Code 32606-5688

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

Name of Employer AvMed Health Plans Occupation Sr VP & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 559.00

Date of Receipt 06 / 30 / 2009
Transaction ID: 81e6f3d1a48b38715cb
 Amount of Each Receipt this Period 184.00

B.

Full Name (Last, First, Middle Initial)
Stephen Demontmollin

Mailing Address 4300 Northwest 89th Boulevard

City Gainesville State FL Zip Code 32606-5688

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

Name of Employer AvMed Health Plans Occupation Sr VP & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 559.00

Date of Receipt 06 / 30 / 2009
Transaction ID: c9b859274675e96128b
 Amount of Each Receipt this Period 375.00

C.

Full Name (Last, First, Middle Initial)
Jill Dowell

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Vice President, Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 06 / 15 / 2009
Transaction ID: 20090611174418-14
 Amount of Each Receipt this Period 104.00

SUBTOTAL of Receipts This Page (optional) ► **663.00**

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 15 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial) Jill Dowell		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2009062613012-14
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.00
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

B.

Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20090611174418-15
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C.

Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2009062613012-15
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	354.00
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 16 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Michael Gallagher

Mailing Address 4300 Northwest 89th Boulevard
PO Box 749

City Gainesville State FL Zip Code 32606-5688

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

Name of Employer AvMed Health Plans Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 30 / 2009
Transaction ID: 2597affe4bf5d80781e
Amount of Each Receipt this Period 2000.00

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 324.96

Date of Receipt 06 / 15 / 2009
Transaction ID: 20090611174418-16
Amount of Each Receipt this Period 27.08

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 324.96

Date of Receipt 06 / 30 / 2009
Transaction ID: 2009062613012-16
Amount of Each Receipt this Period 27.08

SUBTOTAL of Receipts This Page (optional) ► 2054.16

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

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

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

FOR LINE NUMBER: PAGE 17 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Frances Ghose

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Director Political Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 15 / 2009
Transaction ID: 20090611174418-17
Amount of Each Receipt this Period 62.50

B. Full Name (Last, First, Middle Initial)
Frances Ghose

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Director Political Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 30 / 2009
Transaction ID: 2009062613012-17
Amount of Each Receipt this Period 62.50

C. Full Name (Last, First, Middle Initial)
Edwin W. Hannum

Mailing Address 5202 Pine Rocklands Ave.

City Lithia State FL Zip Code 33547-5012

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

Name of Employer AvMed Occupation SVP, Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 559.00

Date of Receipt 06 / 30 / 2009
Transaction ID: 2c8eff9bb4ab320f1bc
Amount of Each Receipt this Period 184.00

SUBTOTAL of Receipts This Page (optional) ► 309.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Edwin W. Hannum

Mailing Address 5202 Pine Rocklands Ave.

City State Zip Code
Lithia FL 33547-5012

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

Name of Employer Occupation
AvMed SVP, Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 559.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: dab2994bed7ef4e9bdb

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)
Lindy Hinman

Mailing Address 602 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
America's Health Insurance Plans Vice President of Federal Policy and S

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 916.63

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090611174418-20

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)
Lindy Hinman

Mailing Address 602 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
America's Health Insurance Plans Vice President of Federal Policy and S

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 916.63

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 2009062613012-20

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) ▶

541.66

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 19 / 50
(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)
Joni Hong

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Senior Associate Counsel, Special Proj

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: 06 / 15 / 2009
Transaction ID: 20090611174418-21
 Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Joni Hong

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Senior Associate Counsel, Special Proj

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: 06 / 30 / 2009
Transaction ID: 2009062613012-21
 Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Vice President, Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: 06 / 15 / 2009
Transaction ID: 20090611174418-22
 Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ► 124.99

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) Alethia Jackson		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2009062613012-22
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

B.

Full Name (Last, First, Middle Initial) Francis Jantzen		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 17982 NW 9th Ct		Transaction ID: 50bcec1733315555e6e
City Pembroke Pines	State FL	Zip Code 33029-3113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer AvMed	Occupation VP, Client Service and Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.

Full Name (Last, First, Middle Initial) Scott Keefer		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20090611174418-23
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Director of Policy Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

SUBTOTAL of Receipts This Page (optional)	400.00
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 21 / 50
(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)
Scott Keefer

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Director of Policy Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 06 / 30 / 2009
Transaction ID: 2009062613012-23
 Amount of Each Receipt this Period: 41.67

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President, Clinical Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 06 / 15 / 2009
Transaction ID: 20090611174418-24
 Amount of Each Receipt this Period: 41.67

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President, Clinical Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 06 / 30 / 2009
Transaction ID: 2009062613012-24
 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 22 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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 Larson		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20090611174418-25
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Director, Operations and Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	

B.

Full Name (Last, First, Middle Initial) Larry Larson		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2009062613012-25
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Director, Operations and Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	

C.

Full Name (Last, First, Middle Initial) Jeff Lemieux		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20090611174418-26
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans	Occupation Svp, Center for Health Policy & Resear	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	208.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial) Jeff Lemieux		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2009062613012-26
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans	Occupation Svp, Center for Health Policy & Resear	Aggregate Year-to-Date ▼ 1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Beth Leonard		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20090611174418-27
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Director Public Affairs	Aggregate Year-to-Date ▼ 500.04
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Beth Leonard		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2009062613012-27
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Director Public Affairs	Aggregate Year-to-Date ▼ 500.04
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	208.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Winston H. Lonsdale

Mailing Address 11361 S.W. 123rd Street

City State Zip Code
Miami FL 33176

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

Name of Employer Avmed Occupation VP, Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2009

Transaction ID: 23dbfb5fefdcf5d0139

Amount of Each Receipt this Period
275.00

B.

Full Name (Last, First, Middle Initial)
Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

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

Name of Employer America's Health Insurance Plans Occupation Program Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2009

Transaction ID: 20090611174418-29

Amount of Each Receipt this Period
20.83

C.

Full Name (Last, First, Middle Initial)
Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

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

Name of Employer America's Health Insurance Plans Occupation Program Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2009

Transaction ID: 2009062613012-29

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional) ► **316.66**

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 25 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20090611174418-30
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Director of Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.68	

B.

Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2009062613012-30
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Director of Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.68	

C.

Full Name (Last, First, Middle Initial) Javier Mendoza		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 13224 SW 40th Street		Transaction ID: da4be62f6553fe74d56
City Davie	State FL	Zip Code 33330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer AvMed	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	358.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial) Thomas Meyers		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20090611174418-34
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer America's Health Insurance Plans	Occupation Executive Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.

Full Name (Last, First, Middle Initial) Thomas Meyers		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2009062613012-34
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer America's Health Insurance Plans	Occupation Executive Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20090611174418-36
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.68	

SUBTOTAL of Receipts This Page (optional)	81.67
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 27 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Senior Associate Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 366.68

Date of Receipt 06 / 30 / 2009
Transaction ID: 2009062613012-36
Amount of Each Receipt this Period 41.67

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Director Product Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 15 / 2009
Transaction ID: 20090611174418-38
Amount of Each Receipt this Period 20.83

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Director Product Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 30 / 2009
Transaction ID: 2009062613012-38
Amount of Each Receipt this Period 20.83

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20090611174418-39
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President State Policy	Aggregate Year-to-Date ▼ 999.96
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2009062613012-39
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President State Policy	Aggregate Year-to-Date ▼ 999.96
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Susan Pinnas		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 1140 Alfonso Ave		Transaction ID: 584787db0e42ff03e60
City Coral Gables	State Zip Code FL 33146-3210	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer AvMed	Occupation SVP of Network	Aggregate Year-to-Date ▼ 375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	541.66
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 29 / 50
(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)
Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Vice President Strategic Communication

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1496.11

Date of Receipt: 06 / 15 / 2009
Transaction ID: 20090611174418-40
 Amount of Each Receipt this Period: 125.45

B. Full Name (Last, First, Middle Initial)
Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Vice President Strategic Communication

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1496.11

Date of Receipt: 06 / 30 / 2009
Transaction ID: 2009062613012-40
 Amount of Each Receipt this Period: 125.45

C. Full Name (Last, First, Middle Initial)
Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 06 / 15 / 2009
Transaction ID: 20090611174418-41
 Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ► 292.57

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Lawrence Platt	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 2009062613012-41
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.04	

B.	Full Name (Last, First, Middle Initial) Richard Ramsay	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20090611174418-42
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Vice President, State Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96	

C.	Full Name (Last, First, Middle Initial) Richard Ramsay	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 2009062613012-42
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Vice President, State Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96	

SUBTOTAL of Receipts This Page (optional)	208.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) Ingrid Reeves		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20090611174418-44
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Executive Director of Membership	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

B.

Full Name (Last, First, Middle Initial) Ingrid Reeves		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2009062613012-44
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Executive Director of Membership	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

C.

Full Name (Last, First, Middle Initial) Bob Rehm		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20090611174418-45
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Vice President, Public Health & Clinic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	▶	72.91
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 32 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Vice President, Public Health & Clinic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 2009062613012-45
 Amount of Each Receipt this Period: 31.25

B. Full Name (Last, First, Middle Initial)
James Repp

Mailing Address 3842 E Hibiscus St

City Weston State FL Zip Code 33332-2455

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

Name of Employer: AvMed
Occupation: VP, Commercial Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 2083418c65f5ecbf7ef
 Amount of Each Receipt this Period: 275.00

C. Full Name (Last, First, Middle Initial)
Sue Rohan

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.32

Date of Receipt: 06 / 15 / 2009
Transaction ID: 20090611174418-46
 Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ► 347.92

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Sue Rohan

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

Transaction ID: 2009062613012-46

City Washington State DC Zip Code 20004

Amount of Each Receipt this Period
41.67

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

Name of Employer America's Health Insurance Plans Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.32

B.

Full Name (Last, First, Middle Initial)
Lisa Shreve

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

Transaction ID: 20090611174418-47

City Washington State DC Zip Code 20004

Amount of Each Receipt this Period
41.67

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

Name of Employer America's Health Insurance Plans Occupation Senior Vice President, Professional Pr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

C.

Full Name (Last, First, Middle Initial)
Lisa Shreve

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

Transaction ID: 2009062613012-47

City Washington State DC Zip Code 20004

Amount of Each Receipt this Period
41.67

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

Name of Employer America's Health Insurance Plans Occupation Senior Vice President, Professional Pr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

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 34 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Ken Still

Mailing Address 14515 NW 41st Ave

City State Zip Code
Newberry FL 32669

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

Name of Employer Occupation
AvMed Vice President of Finance

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: d13815487ed7dcd4138

Amount of Each Receipt this Period
275.00

B.

Full Name (Last, First, Middle Initial)
Randy Stuart

Mailing Address 3544 SW 105th St

City State Zip Code
Gainesville FL 32608-9558

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

Name of Employer Occupation
AvMed SVP & CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: b2aef59223a15280448

Amount of Each Receipt this Period
375.00

C.

Full Name (Last, First, Middle Initial)
Scott Styles

Mailing Address 601 Pennsylvania Avenue Northwest
South Building, Suite 500

City State Zip Code
Washington DC 20004-2601

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

Name of Employer Occupation
America's Health Insurance Plans Svp, Government Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: ded88f2c8b67e713625

Amount of Each Receipt this Period
2083.34

SUBTOTAL of Receipts This Page (optional)

2733.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial) Jessica Talbert		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20090611174418-48
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Special Assistant To the Senior Vice P	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

B.

Full Name (Last, First, Middle Initial) Jessica Talbert		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2009062613012-49
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Special Assistant To the Senior Vice P	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

C.

Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20090611174418-50
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	

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 36 / 50
(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)
Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt: 06 / 30 / 2009
Transaction ID: 2009062613012-51
 Amount of Each Receipt this Period: 208.33

B. Full Name (Last, First, Middle Initial)
Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Director, Federal Legislative Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt: 06 / 15 / 2009
Transaction ID: 20090611174418-51
 Amount of Each Receipt this Period: 62.50

C. Full Name (Last, First, Middle Initial)
Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Director, Federal Legislative Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 2009062613012-52
 Amount of Each Receipt this Period: 62.50

SUBTOTAL of Receipts This Page (optional) ► 333.33

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20090611174418-52
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, State Publications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.

Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2009062613012-53
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, State Publications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.

Full Name (Last, First, Middle Initial) Barry Wagner		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 4300 Northwest 89th Boulevard		Transaction ID: ce491ec855da0558087
City Gainesville	State Zip Code FL 32606-5688	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer AvMed Health Plans	Occupation VP, Network	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	337.50
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 38 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
America's Health Insurance Senior Manager, Media Relations
Plans

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090611174418-55

Amount of Each Receipt this Period

41.67

B.

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
America's Health Insurance Senior Manager, Media Relations
Plans

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 2009062613012-56

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

83.34

TOTAL This Period (last page this line number only)

13917.56

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 39 / 50	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Independent Health Association Inc Political Alliance		Date of Receipt	
	Mailing Address 2495 Kensington Avenue		M M / D D / Y Y Y Y 06 / 26 / 2009	
	City	State	Zip Code	Transaction ID: c38c015237ef04ab4b3
	Buffalo	NY	14226	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		5000.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Citibank

Mailing Address 1101 Pennsylvania Ave, NW
11th Floor

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	9

Transaction ID: 2670eb8e817b9c66715

Amount of Each Receipt this Period
33.91

Reimbursement for Merchant Service Fees

B.

Full Name (Last, First, Middle Initial)
Citibank

Mailing Address 1101 Pennsylvania Ave, NW
11th Floor

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	9

Transaction ID: f43494d11678a2d10db

Amount of Each Receipt this Period
39.90

Bank Refund of overcharged service fees

C.

Full Name (Last, First, Middle Initial)
Citibank

Mailing Address 1101 Pennsylvania Ave, NW
11th Floor

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: 0976c97f6e959f97d69

Amount of Each Receipt this Period
50.76

Reimbursement of Merchant and AMEX Service Fees

SUBTOTAL of Receipts This Page (optional) ► **124.57**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 41 / 50	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Citibank		Date of Receipt
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2009
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		Transaction ID: b83d3ad340a5f069c45
	C		Amount of Each Receipt this Period
Name of Employer		Occupation	Reimbursement of Wire Transfer Fees
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 24.00
		<input type="text"/> 1020.50	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 24.00
TOTAL This Period (last page this line number only)	<input type="text"/> 148.57

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) Bank of America Mailing Address 730 15th Street, NW Second Floor City Washington State DC Zip Code 20005 Purpose of Disbursement Wire Transfer Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31eb959d19d38e1a3aa Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 12.00
B.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, NW Second Floor City Washington State DC Zip Code 20005 Purpose of Disbursement Wire Transfer Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 46102d84bca98f800a2 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 9	Amount of Each Disbursement this Period 12.00
C.	Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington State DC Zip Code 20004 Purpose of Disbursement Merchant Service Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: f55c84f94b0f0dae5d3 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 31.66

SUBTOTAL of Disbursements This Page (optional)	55.66
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 50

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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)
Citibank

Transaction ID: 62aefaae1842d5927af
Date of Disbursement

Mailing Address 1101 Pennsylvania Ave, NW
11th Floor

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	9

City Washington State DC Zip Code 20004

Amount of Each Disbursement this Period

59.00

Purpose of Disbursement
AMEX Service Fee

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

59.00

TOTAL This Period (last page this line number only)

114.66

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) Bennett Election Committee Inc <hr/> Mailing Address 175 South West Temple Suite 650 <hr/> City Salt Lake City State UT Zip Code 84101 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Robert F. Bennett <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 77284-9271661639213 Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2009
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Brady for Congress <hr/> Mailing Address PO Box 8277 <hr/> City the Woodlands State TX Zip Code 77387 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Kevin Brady <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 77284-7316705584526 Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Citizens for Altmire <hr/> Mailing Address PO Box 1776 <hr/> City Freedom State PA Zip Code 15042 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Jason Altmire <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 77284-9835779070854 Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) Coburn for Senate 2010 <hr/> Mailing Address Post Office Box 977 <hr/> City Muskogee State OK Zip Code 74402 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Tom A. Coburn <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 77284-7254297137260 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Davis for Congress/Friends of Davis <hr/> Mailing Address 5956 W. Race Avenue <hr/> City Chicago State IL Zip Code 60644 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Danny K. Davis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 77284-9963189959526 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Demint for Senate Committee Inc <hr/> Mailing Address PO Box 12425 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Jim DeMint <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 77284-2926904559135 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Donna Christensen Campaign	Transaction ID: 77284-9412195086479
	Mailing Address PO Box 5197	Date of Disbursement 06 / 29 / 2009
	City St. Croix State VI Zip Code 00823	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 Primary Contribution	011 Category/ Type
	Candidate Name Donna Marie Christian-Christensen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Jim Clyburn	Transaction ID: 77284-7244226336479
	Mailing Address PO Box 12567	Date of Disbursement 06 / 29 / 2009
	City Columbia State SC Zip Code 29211	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2010 Primary Contribution	011 Category/ Type
	Candidate Name James E. Clyburn	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of John Thune	Transaction ID: 77284-4977838397026
	Mailing Address 200 North Phillips Avenue Ste L101	Date of Disbursement 06 / 29 / 2009
	City Sioux Falls State SD Zip Code 57104	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement 2010 Primary Contribution	011 Category/ Type
	Candidate Name John R. Thune	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Friends of Sam Johnson Mailing Address PO Box 860096 City Plano State TX Zip Code 75086 Purpose of Disbursement 2010 Primary Contribution Candidate Name Sam Johnson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 77284-0544244647026 Date of Disbursement 06 / 29 / 2009 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Grassley Committee Inc Mailing Address PO Box 1000 City Des Moines State IA Zip Code 50304 Purpose of Disbursement 2010 General Contribution Candidate Name Charles E. Grassley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 77284-2177392840385 Date of Disbursement 06 / 29 / 2009 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Guthrie for Congress Mailing Address PO Box 9639 City Bowling Green State KY Zip Code 42102 Purpose of Disbursement 2010 Primary Contribution Candidate Name Brett Guthrie Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 77284-9415704607963 Date of Disbursement 06 / 29 / 2009 Amount of Each Disbursement this Period 1500.00 011 Category/ Type

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) Harvest Pac Mailing Address 236 Massachusetts Avenue NE #508 City Washington State DC Zip Code 20002 Purpose of Disbursement 2009 Contribution Candidate Name Harvest Pac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 77284-0346490740776 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00 Category/Type: 011

B. Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer for Congress Mailing Address 200 North Main St. PO Box 712 200 North Main St. PO Box 712 City Monticello State IN Zip Code 47960 Purpose of Disbursement 2010 Primary Contribution Candidate Name Stephen E. Buyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 77284-2219659686088 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011

C. Full Name (Last, First, Middle Initial) John Shadeggs Friends Mailing Address PO Box 45444 City Phoenix State AZ Zip Code 85064 Purpose of Disbursement 2010 Primary Contribution Candidate Name John Shadegg Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 77284-2169610857963 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Lisa Murkowski for Us Senate</p> <p>Mailing Address PO Box 100847</p> <p>City Anchorage State AK Zip Code 99510</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Lisa A. Murkowski</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 77284-7349054217338</p> <p>Date of Disbursement 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Majority Initiative To Keep Electing Republicans Fund A.K.A Mike R Fund</p> <p>Mailing Address PO Box 2485</p> <p>City Springfield State VA Zip Code 22152</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Majority Initiative To Keep Electing Republicans Fund A.K.A Mike R Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p>	<p>Transaction ID: 77284-4894220232963</p> <p>Date of Disbursement 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress Inc.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 77284-2028619647026</p> <p>Date of Disbursement 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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)

PAGE 50 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Volunteers for Shimkus		Transaction ID: 77284-5450860857963	
	Mailing Address PO Box 5458 PO Box 5458		Date of Disbursement MM / DD / YYYY 06 / 29 / 2009	
City Springfield		State IL	Zip Code 62705	
Purpose of Disbursement 2010 Primary Contribution			Amount of Each Disbursement this Period 1000.00	
Candidate Name John M. Shimkus			011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 19				

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

29500.00