

**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 Gainesville State FL Zip Code 32608

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

Name of Employer AvMed Occupation VP Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 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 Washington State DC Zip Code 20004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 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 Washington State DC Zip Code 20004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 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) ▶