

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street) 601 Pennsylvania Avenue; NW
Suite 500 South Building
 Check if different than previously reported. (ACC)
Washington DC 20004

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day Post -Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2006 through 07 31 2006

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

Type or Print Name of Treasurer Robert Borchardt

Signature of Treasurer Electronically Filed by Robert Borchardt Date 08 16 2006

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

**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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		119244.78
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	194368.89									
(c) Total Receipts (from Line 19)	31322.42	243255.07								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	225691.31	362499.85								
7. Total Disbursements (from Line 31)	15875.24	152683.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	209816.07	209816.07								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	17576.50	136114.61
(i) Itemized (use Schedule A)	1745.92	10140.46
(ii) Unitemized	19322.42	146255.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	12000.00	84500.00
(c) Other Political Committees (such as PACs)	31322.42	230755.07
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	12500.00
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))	31322.42	243255.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31322.42	243255.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	51.66	535.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	51.66	535.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	15323.58	149323.58
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	500.00	2825.00
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))..	15875.24	152683.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15875.24	152683.78

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	31322.42	230755.07
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31322.42	230755.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	51.66	535.20
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	51.66	535.20

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 38
	<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	

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

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

A. Full Name (Last, First, Middle Initial) Debbie Ahl		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006	
Mailing Address 49 Strawberry Point		Transaction ID: 5616350607074807837	
City Bellingham	State WA	Zip Code 98229	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Sterling Life Insurance Company	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

B. Full Name (Last, First, Middle Initial) Larry Akey		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-1	
City Washington	State DC	Zip Code 20004-2601	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 Sr. Director Publications & Strategic		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38		

C. Full Name (Last, First, Middle Initial) Larry Akey		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-1	
City Washington	State DC	Zip Code 20004-2601	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 Sr. Director Publications & Strategic		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38		

SUBTOTAL of Receipts This Page (optional)	2083.34
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 38
	<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)

Full Name (Last, First, Middle Initial) A. George Atkins		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006
Mailing Address 601 Pennsylvania Ave NW South Building; Suite 500		Transaction ID: 1312270607074778182
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Carmella Bocchino		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-4
City State Zip Code Washington DC 20004-2601	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 Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) C. Carmella Bocchino		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-4
City State Zip Code Washington DC 20004-2601	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 Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Robert Borchardt		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-5
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President Finance & Operat Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Robert Borchardt		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-5
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President Finance & Operat Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-6
City Washington State DC Zip Code 20004-2601	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Political Affairs Aggregate Year-to-Date ▼ 1166.62	

SUBTOTAL of Receipts This Page (optional) ▶	133.33
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-6	
City Washington State DC Zip Code 20004-2601	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Political Affairs Aggregate Year-to-Date ▼ 1166.62		

Full Name (Last, First, Middle Initial) B. Winthrop Cashdollar		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-9	
City Washington State DC Zip Code 20004-2601	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director Product Policy Aggregate Year-to-Date ▼ 875.00		

Full Name (Last, First, Middle Initial) C. Winthrop Cashdollar		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-9	
City Washington State DC Zip Code 20004-2601	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director Product Policy Aggregate Year-to-Date ▼ 875.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Yvonne Chanatry		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006
Mailing Address 1276 N Wayne St #1223		Transaction ID: 20060725-10
City State Zip Code Arlington VA 22201-5848	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 of Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

Full Name (Last, First, Middle Initial) B. Yvonne Chanatry		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 1276 N Wayne St #1223		Transaction ID: 20060731-10
City State Zip Code Arlington VA 22201-5848	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 of Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

Full Name (Last, First, Middle Initial) C. Teresa Chovan		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 9359900607074763470
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director; Policy Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Edda Collins		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-11	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Program Manager; Professional Programs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.79		

Full Name (Last, First, Middle Initial) B. Susan Coronel		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 0590430607214243180	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Senior Director; Long-Term Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ann Curry		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-12	
City Washington State DC Zip Code 20004-2601	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 Deputy Director Product Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38		

SUBTOTAL of Receipts This Page (optional) ▶	312.50
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Ann Curry		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-12
City Washington	State DC	Zip Code 20004-2601
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 Deputy Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

Full Name (Last, First, Middle Initial) B. Gregory Daphnis		Date of Receipt MM / DD / YYYY 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-13
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Program Manager; VSD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

Full Name (Last, First, Middle Initial) C. Gregory Daphnis		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-13
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Program Manager; VSD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

SUBTOTAL of Receipts This Page (optional)	83.33
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-14	
City Washington State DC Zip Code 20004-2601		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 of AHIP Learning & Plans		Aggregate Year-to-Date ▼ 875.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-14	
City Washington State DC Zip Code 20004-2601		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 of AHIP Learning & Plans		Aggregate Year-to-Date ▼ 875.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mary Beth Donahue		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 9361530607076137312	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans Occupation Executive VP; Policy & Operations		Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	5125.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Jill Dowell		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-15
City State Zip Code Washington DC 20004-2601	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 VP; Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.70	

Full Name (Last, First, Middle Initial) B. Jill Dowell		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-15
City State Zip Code Washington DC 20004-2601	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 VP; Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.70	

Full Name (Last, First, Middle Initial) C. Paul Eiting		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 0197850607214257620
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Legislative/Regulatory Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	416.66
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Jeffrey Gabardi		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-17
City Washington State DC Zip Code 20004-2601	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President; State Affairs Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Gabardi		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-17
City Washington State DC Zip Code 20004-2601	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President; State Affairs Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) C. Joni Hong		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-19
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Associate Counsel; Special Proj Aggregate Year-to-Date ▼ 291.62	

SUBTOTAL of Receipts This Page (optional) ▶	270.83
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Joni Hong		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-19
City Washington State DC Zip Code 20004-2601	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Associate Counsel; Special Proj Aggregate Year-to-Date ▼ 291.62	

Full Name (Last, First, Middle Initial) B. Donna Horoschak		Date of Receipt MM / DD / YYYY 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-21
City Washington State DC Zip Code 20004-2601	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director State Policy Aggregate Year-to-Date ▼ 916.66	

Full Name (Last, First, Middle Initial) C. Donna Horoschak		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-21
City Washington State DC Zip Code 20004-2601	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director State Policy Aggregate Year-to-Date ▼ 916.66	

SUBTOTAL of Receipts This Page (optional)	187.49
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Alethia Jackson		Date of Receipt MM / DD / YYYY 07 / 07 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 0888520607074751175
City Washington	State Zip Code DC 20004-2601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer America's Health Insurance Plans	Occupation State Advocacy Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Scott Keefer		Date of Receipt MM / DD / YYYY 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-23
City Washington	State Zip Code DC 20004-2601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
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 ▼ 420.00	

Full Name (Last, First, Middle Initial) C. Scott Keefer		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-23
City Washington	State Zip Code DC 20004-2601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
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 ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	▶	560.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Barbara Lardy		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-25
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 28.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Vice President; Medical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 392.00	

Full Name (Last, First, Middle Initial) B. Barbara Lardy		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-25
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 28.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Vice President; Medical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 392.00	

Full Name (Last, First, Middle Initial) C. Jeff Lemieux		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-26
City State Zip Code Washington DC 20004-2601	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; Center for Heal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

SUBTOTAL of Receipts This Page (optional) ▶	181.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Jeff Lemieux		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-27
City State Zip Code Washington DC 20004-2601	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; Center for Heal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) B. Dan Leonard		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-28
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Executive VP; Advocacy & Professiona	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2916.62	

Full Name (Last, First, Middle Initial) C. Dan Leonard		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-29
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Executive VP; Advocacy & Professiona	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2916.62	

SUBTOTAL of Receipts This Page (optional) ▶	541.66
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Joe Lessen		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-29
City Washington State DC Zip Code 20004-2601	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 of Special Projects; Federal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	

Full Name (Last, First, Middle Initial) B. Joe Lessen		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-30
City Washington State DC Zip Code 20004-2601	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 of Special Projects; Federal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	

Full Name (Last, First, Middle Initial) C. Robert Menkes		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-33
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 10.42	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Vice President; Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.84	

SUBTOTAL of Receipts This Page (optional) ▶	93.76
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Robert Menkes		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-34	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 10.42	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Vice President; Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 770.84	

Full Name (Last, First, Middle Initial) B. Thomas Meyers		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-35	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 20.00	
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 ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Thomas Meyers		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-36	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 20.00	
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 ▼ 280.00	

SUBTOTAL of Receipts This Page (optional) ▶	50.42
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Martin Mitchell		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-37
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Regional Director State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

Full Name (Last, First, Middle Initial) B. Martin Mitchell		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-38
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Regional Director State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

Full Name (Last, First, Middle Initial) C. Betsy Pelovitz		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-38
City Washington State DC Zip Code 20004-2601	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 State Advocacy Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

SUBTOTAL of Receipts This Page (optional) ▶	83.33
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Betsy Pelovitz		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-39	
City Washington State DC Zip Code 20004-2601	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 State Advocacy Regional Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38		

Full Name (Last, First, Middle Initial) B. Susan Pisano		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-39	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 104.16		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communication		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.24		

Full Name (Last, First, Middle Initial) C. Susan Pisano		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-40	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 104.16		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communication		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.24		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Richard Ramsay		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-41	
City State Zip Code Washington DC 20004-2601		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 ▼ 1166.62	

Full Name (Last, First, Middle Initial) B. Richard Ramsay		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-42	
City State Zip Code Washington DC 20004-2601		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 ▼ 1166.62	

Full Name (Last, First, Middle Initial) C. Richard Rivers		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006	
Mailing Address 8515 E Orchard Rd		Transaction ID: 2595730607074731037	
City State Zip Code Greenwood Village CO 80111-5002		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Great-West Healthcare		Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2166.66
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Savolia Spottswood		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-46
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 31.25	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Sr. Manager of Vaccines; Immunization	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 406.25	

Full Name (Last, First, Middle Initial) B. Charles Stellar		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-47
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 86.96	
FEC ID number of contributing federal political committee. C		
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 ▼ 1130.48	

Full Name (Last, First, Middle Initial) C. Charles Stellar		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-49
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 86.96	
FEC ID number of contributing federal political committee. C		
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 ▼ 1130.48	

SUBTOTAL of Receipts This Page (optional) ▶	205.17
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Scott Styles		Date of Receipt MM / DD / YYYY 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-48
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.35
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President Federal Legislat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2860.90	

Full Name (Last, First, Middle Initial) B. Scott Styles		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-50
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.35
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President Federal Legislat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2860.90	

Full Name (Last, First, Middle Initial) C. Jonathan Tilton		Date of Receipt MM / DD / YYYY 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-49
City Washington	State DC	Zip Code 20004-2601
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 Deputy Director; Strategic Communicati	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

SUBTOTAL of Receipts This Page (optional)	429.53
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Jonathan Tilton		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-51
City Washington	State DC	Zip Code 20004-2601
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 Deputy Director; Strategic Communicati	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

Full Name (Last, First, Middle Initial) B. Amy B Timmons		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW Suite 500		Transaction ID: 20060725-50
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 AHIP	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 541.71	

Full Name (Last, First, Middle Initial) C. Amy B Timmons		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW Suite 500		Transaction ID: 20060731-52
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 AHIP	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 541.71	

SUBTOTAL of Receipts This Page (optional)	▶	104.17
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Michael Tuffin		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-54	
City State Zip Code Washington DC 20004-2601		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 of Strategic Com	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Rod Turner		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-52	
City State Zip Code Washington DC 20004-2601		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; Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1166.62	

Full Name (Last, First, Middle Initial) C. Rod Turner		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-55	
City State Zip Code Washington DC 20004-2601		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; Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1166.62	

SUBTOTAL of Receipts This Page (optional) ▶	291.66
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Mark Van Koevering		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006
Mailing Address 107 Chocolay Downs Golf Dr		Transaction ID: 20060725-53
City State Zip Code Marquette MI 49855-9542	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Deputy Director; Federal Legislative A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

Full Name (Last, First, Middle Initial) B. Mark Van Koevering		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 107 Chocolay Downs Golf Dr		Transaction ID: 20060731-56
City State Zip Code Marquette MI 49855-9542	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Deputy Director; Federal Legislative A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

Full Name (Last, First, Middle Initial) C. Kelly Vogel		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-55
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director; Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

SUBTOTAL of Receipts This Page (optional) ▶	110.83
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 38
	<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)

Full Name (Last, First, Middle Initial) A. Kelly Vogel		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-58	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director; Federal Affairs Aggregate Year-to-Date ▼ 291.62		

Full Name (Last, First, Middle Initial) B. Tom Wilder		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-56	
City Washington State DC Zip Code 20004-2601	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President; Private Market Regulat Aggregate Year-to-Date ▼ 583.38		

Full Name (Last, First, Middle Initial) C. Tom Wilder		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-59	
City Washington State DC Zip Code 20004-2601	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President; Private Market Regulat Aggregate Year-to-Date ▼ 583.38		

SUBTOTAL of Receipts This Page (optional) ▶	104.17
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Joseph Winn		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-57
City Washington State DC Zip Code 20004-2601	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 State Advocacy Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

Full Name (Last, First, Middle Initial) B. Joseph Winn		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-61
City Washington State DC Zip Code 20004-2601	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 State Advocacy Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

Full Name (Last, First, Middle Initial) C. Dale Wolf		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2006
Mailing Address 6705 Rockledge Dr Ste 900		Transaction ID: 8022530607205569741
City Bethesda State MD Zip Code 20817-1814	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Coventry Health Care; Inc.	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2083.34
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 38
	(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)

Full Name (Last, First, Middle Initial) A. Duane Wright		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060725-58 Amount of Each Receipt this Period 62.50
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director; Legislative Affairs Aggregate Year-to-Date ▼ 625.04	

Full Name (Last, First, Middle Initial) B. Duane Wright		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 20060731-62 Amount of Each Receipt this Period 62.50
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director; Legislative Affairs Aggregate Year-to-Date ▼ 625.04	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	17576.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 38
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)

Full Name (Last, First, Middle Initial) A. Aon Corporation Political Action Committee (AON PAC)		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006
Mailing Address 200 East Randolph		Transaction ID: 5125040607074798630
City State Zip Code Chicago IL 60601	FEC ID number of contributing federal political committee. C C00211250	Amount of Each Receipt this Period 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	

Full Name (Last, First, Middle Initial) B. Great-West Life & Annuity Insurance Company Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006
Mailing Address 8525 East Orchard Road 2T3		Transaction ID: 3548390607074818585
City State Zip Code Greenwood Village CO 80111	FEC ID number of contributing federal political committee. C C00263723	Amount of Each Receipt this Period 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	

Full Name (Last, First, Middle Initial) C. Unitedhealth Group Incorporated Pac (UNITED FOR HEALTH)		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006
Mailing Address 9900 Bren Road East		Transaction ID: 4148320607214183699
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C C00274431	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	12000.00
TOTAL This Period (last page this line number only)	▶	12000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 38

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

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

Full Name (Last, First, Middle Initial) A. Citibank		Transaction ID: 3644670608154510246 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6	
Mailing Address 1101 Pennsylvania Ave; NW 11th Floor		Amount of Each Disbursement this Period 31.66	
City Washington State DC Zip Code 20004	Purpose of Disbursement Merchant Svc Fee	Category/ Type	
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) ▼		

SUBTOTAL of Disbursements This Page (optional)	31.66
TOTAL This Period (last page this line number only)	31.66

**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)

Full Name (Last, First, Middle Initial) A. Chris Chocola for Congress Inc		Transaction ID: 5780540607275591234 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address PO Box 6728		Amount of Each Disbursement this Period 2000.00
City South Bend State IN Zip Code 46660	Purpose of Disbursement 2006 General Candidate Name Chocola Chris Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 02		

Full Name (Last, First, Middle Initial) B. Dave Camp for Congress 2006		Transaction ID: 8016580607275580023 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 1000.00
City Midland State MI Zip Code 48640	Purpose of Disbursement 2006 General Candidate Name Camp Dave Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04		

Full Name (Last, First, Middle Initial) C. Freedom Project; the		Transaction ID: 9668010607106096190 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 509 7th Street Northwest Third Floor		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20004	Purpose of Disbursement 2006 Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ► **8000.00**

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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)

Full Name (Last, First, Middle Initial) A. Friends of Roy Blunt		Transaction ID: 6736100607275589798 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address PO Box 50100		Amount of Each Disbursement this Period 5000.00
City Springfield State MO Zip Code 65805	Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Blunt Roy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. John D. Dingell for Congress Committee		Transaction ID: 8171060607316231010 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 607 14th Street Northwest Suite 800		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Dingell John		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Solis for Congress		Transaction ID: 8700670607316221876 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 6380 Wilshire Boulevard #1612		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90048	Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Solis Hilda		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<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)

Full Name (Last, First, Middle Initial) A. W. Millar & Co.		Transaction ID: V5930270607114605799 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6	
Mailing Address 1335 14th Street; NW		Amount of Each Disbursement this Period 323.58	
City Washington State DC Zip Code 20005	Purpose of Disbursement 2006 General	Category/ Type	In-Kind
Candidate Name Camp Dave	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	323.58
TOTAL This Period (last page this line number only)	15323.58

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

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

FOR LINE NUMBER:
(check only one)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Friends of Phillip Hamilton		Transaction ID: 3525310607056152217 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6	
Mailing Address P.O. Box 1585		Amount of Each Disbursement this Period 500.00	
City Newport News State VA Zip Code 23601	Purpose of Disbursement Nonfederal Contribution	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00