

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 01 01 2006 through 03 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 04 14 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**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

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	119244.78									
(c) Total Receipts (from Line 19)	97465.35	97465.35								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	216710.13	216710.13								
7. Total Disbursements (from Line 31)	35231.56	35231.56								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	181478.57	181478.57								
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

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	50772.77	50772.77
(i) Itemized (use Schedule A)	6692.58	6692.58
(ii) Unitemized	57465.35	57465.35
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	0.00	0.00
(b) Political Party Committees	27500.00	27500.00
(c) Other Political Committees (such as PACs)	84965.35	84965.35
(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	12500.00	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))	97465.35	97465.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	97465.35	97465.35

DETAILED SUMMARY PAGE

of Disbursements

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.....	331.56	331.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	331.56	331.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	35000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	-100.00	-100.00
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))..	35231.56	35231.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	35231.56	35231.56

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	84965.35	84965.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	84965.35	84965.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	331.56	331.56
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	331.56	331.56

**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 / 62
	<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)

Full Name (Last, First, Middle Initial) A. Larry Akey		Date of Receipt MM / DD / YYYY 03 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_151
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 Sr. Director Publications & Strategic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. Larry Akey		Date of Receipt MM / DD / YYYY 03 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_311
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 Sr. Director Publications & Strategic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) C. Catherine Ayers		Date of Receipt MM / DD / YYYY 03 / 27 / 2006
Mailing Address 6222 N.W. 19th Place		Transaction ID: 2762300603273961357
City Gainesville	State FL	Zip Code 32605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer AvMed	Occupation SVP; Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	133.34
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 / 62
	<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. Catherine Ayers		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 6222 N.W. 19th Place		Transaction ID: 4648300603033610147	
City Gainesville	State FL	Zip Code 32605	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer AvMed	Occupation SVP; Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) B. Charles Baker		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2006	
Mailing Address 93 Worcester Street		Transaction ID: 5137270602285667994	
City Wellesley	State MA	Zip Code 02481-3609	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Harvard Pilgrim Health Care	Occupation President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. R. Bradford Bentley		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 8717 S.W. 91st Place		Transaction ID: 0022940603033478169	
City Gainesville	State FL	Zip Code 32608	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer AvMed	Occupation VP; Underwriting		
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) ▶	2750.00
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 / 62
	<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)
Lorina L. M. Blake

Mailing Address 3111 W. Coulter Street

City Philadelphia State PA Zip Code 19129-1001

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

Name of Employer Independence Blue Cross Occupation VP; Govt Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 16 / 2006

Transaction ID: 7278290603165436196

Amount of Each Receipt this Period
 250.00

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

Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 31 / 2006

Transaction ID: 2006_01_312

Amount of Each Receipt this Period
 125.00

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

Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 15 / 2006

Transaction ID: 2006_02152

Amount of Each Receipt this Period
 125.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 62
	<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. Carmella Bocchino		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_02_282
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 Executive Vice President Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Carmella Bocchino		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_152
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 Executive Vice President Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Carmella Bocchino		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_312
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 Executive Vice President Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) ▶	375.00
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 10 / 62
	<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"/>	<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 Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_02154
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 ▼ 499.98	

Full Name (Last, First, Middle Initial) B. Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_02_284
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 ▼ 499.98	

Full Name (Last, First, Middle Initial) C. Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_154
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 ▼ 499.98	

SUBTOTAL of Receipts This Page (optional) ▶	249.99
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 11 / 62
	<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 Y 03 / 31 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_314	
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 Occupation Director Political Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 499.98	

Full Name (Last, First, Middle Initial) B. Christopher Butler		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2006	
Mailing Address 790 Avonwood Drive		Transaction ID: 6486320603165389865	
City Wayne State PA Zip Code 19087		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Independence Blue Cross Occupation Exec VP & COO			
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. Winthrop Cashdollar		Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_02_287	
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 Product Policy			
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) ▶	395.83
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 12 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. Winthrop Cashdollar		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_157
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 Product Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Winthrop Cashdollar		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_317
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 Product Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Christopher Cashman		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 1901 Market St		Transaction ID: 9571290603165398449
City Philadelphia State PA Zip Code 19103-1475	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Independence Blue Cross Occupation Senior VP; Corporate and Public Affair		
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)	375.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 62
	<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"/>	<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 0 2 / 2 8 / 2 0 0 6	
Mailing Address 1276 N Wayne St #1223		Transaction ID: 2006_02_288	
City Arlington	State VA	Zip Code 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 ▼ 375.00		

Full Name (Last, First, Middle Initial) B. Yvonne Chanatry		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 6	
Mailing Address 1276 N Wayne St #1223		Transaction ID: 2006_03_158	
City Arlington	State VA	Zip Code 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 ▼ 375.00		

Full Name (Last, First, Middle Initial) C. Yvonne Chanatry		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address 1276 N Wayne St #1223		Transaction ID: 2006_03_318	
City Arlington	State VA	Zip Code 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 ▼ 375.00		

SUBTOTAL of Receipts This Page (optional)	187.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 62
	<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) Douglas Cueny		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 2 Grove Isle Drive #1206		Transaction ID: 151215060303352790	
City State Zip Code Coconut Grove FL 33133		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer AvMed		Occupation President & COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

B. Full Name (Last, First, Middle Initial) Douglas Cueny		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 2 Grove Isle Drive #1206		Transaction ID: 4313120603305878824	
City State Zip Code Coconut Grove FL 33133		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer AvMed		Occupation President & COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

C. Full Name (Last, First, Middle Initial) Ann Curry		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_1510	
City State Zip Code Washington DC 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 ▼ 250.02	

SUBTOTAL of Receipts This Page (optional) ▶	591.67
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 62
	<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. Ann Curry		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_3110
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	Aggregate Year-to-Date ▼ 250.02	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Benjamin Cutler		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 3100 Burnett Plz 801 Cherry St Unit 33		Transaction ID: 1936570603306125113
City Fort Worth State TX Zip Code 76102-6888	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer USHEALTH Group; Inc. Occupation Chairman; President and CEO	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Benjamin Cutler		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 3100 Burnett Plz 801 Cherry St Unit 33		Transaction ID: 4078680603306133572
City Fort Worth State TX Zip Code 76102-6888	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer USHEALTH Group; Inc. Occupation Chairman; President and CEO	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)	▶	5041.67
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 62
	<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 0 2 / 2 8 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_02_2812
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 of AHIP Learning & Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_1512
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 of AHIP Learning & Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_3112
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 of AHIP Learning & Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) ▶	187.50
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 62
	<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. Stephen deMontmollin		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 4300 Nw 89th Blvd		Transaction ID: 0426990603273805729
City Gainesville	State FL	Zip Code 32606-5688
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer AvMed Health Plan	Occupation Sr. Vice President/General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Stephen deMontmollin		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 4300 Nw 89th Blvd		Transaction ID: 9369450603033489400
City Gainesville	State FL	Zip Code 32606-5688
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer AvMed Health Plan	Occupation Sr. Vice President/General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Jill Dowell		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_1513
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 VP; Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional)	591.67
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 62
	<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. Jill Dowell		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_3113
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 VP; Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. Buddy Ehart		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 100 Burnett Plaza		Transaction ID: 9061020603306104078
City Fort Worth	State TX	Zip Code 76102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer USHealth Group Inc.	Occupation AVP	
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. Stephen Fera		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 1901 Market St		Transaction ID: 8096820603165477644
City Philadelphia	State PA	Zip Code 19103-1400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Independence Blue Cross	Occupation Vice President; Social Mission Program	
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)	▶	541.67
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 62
	<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. Jan E. Fogg		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 1302 Hillary Lane		Transaction ID: 7068900603315717994	
City Arlington	State TX	Amount of Each Receipt this Period 500.00	
Zip Code 76012			
FEC ID number of contributing federal political committee. C			
Name of Employer USHealth	Occupation AVP		
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. Behrends Foster		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2053420603033429257	
City Washington	State DC	Amount of Each Receipt this Period 500.00	
Zip Code 20004-2601			
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Joseph Frick		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 1901 Market St		Transaction ID: 8145100603165364190	
City Philadelphia	State PA	Amount of Each Receipt this Period 2000.00	
Zip Code 19103-1475			
FEC ID number of contributing federal political committee. C			
Name of Employer Independence Blue Cross	Occupation President and 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) ▶	3000.00
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 20 / 62
	<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)
Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer America's Health Insurance Plans Occupation Senior Vice President; State Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 2006_01_3114

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer America's Health Insurance Plans Occupation Senior Vice President; State Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 0 6

Transaction ID: 2006_021514

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer America's Health Insurance Plans Occupation Senior Vice President; State Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: 2006_02_2814

Amount of Each Receipt this Period
125.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 62
	<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 03 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_1514
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Gabardi		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_3114
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Michael Gallagher		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 5523 NW 52nd Ave		Transaction ID: 5057620603273827443
City Gainesville State FL Zip Code 32653-4081	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AvMed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CFO Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional) ▶	300.00
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 22 / 62
	<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)
Michael Gallagher

Mailing Address 5523 NW 52nd Ave

City Gainesville State FL Zip Code 32653-4081

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

Name of Employer AvMed Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 03 / 2006

Transaction ID: 3671580603033633248

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jay Gellert

Mailing Address 21650 Oxnard St Ste 2200

City Woodland Hills State CA Zip Code 91367-4901

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

Name of Employer Health Net; Inc. Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2006

Transaction ID: 3996800603313721872

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Donald Hamm

Mailing Address 501 W Michigan St PO Box 3050

City Milwaukee State WI Zip Code 53203-2706

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

Name of Employer Assurant Health Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 02 / 2006

Transaction ID: 1634570603025658891

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 62						
	(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

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

Full Name (Last, First, Middle Initial) A. Edwin W Hannum		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 5202 Pine Rocklands Ave.		Transaction ID: 7938450603273796660	
City State Zip Code Lithia FL 33547-5012	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AvMed	Occupation SVP; Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) B. Edwin W Hannum		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 5202 Pine Rocklands Ave.		Transaction ID: 8223460603033566280	
City State Zip Code Lithia FL 33547-5012	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AvMed	Occupation SVP; Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) C. James E. Hicks, III		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 1805 Spinnaker Lane		Transaction ID: 7797020603315776091	
City State Zip Code Azle TX 76020	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer US Health	Occupation VP; Corp Mkt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1550.00
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 24 / 62
	<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. John Higbee		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 12550 S.W. 136 Terrace		Transaction ID: 9751970603033588998	
City State Zip Code Miami FL 33186-8932	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AvMed	Occupation Director		
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. Daniel Hilferty		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 200 Stevens Dr		Transaction ID: 3769600603165374625	
City State Zip Code Philadelphia PA 19113-1570	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Keystone Mercy Health Plan	Occupation President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Billy Hill		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 5508 Parkcrest Drive		Transaction ID: 9308180603274056040	
City State Zip Code Austin TX 78731-4915	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer United Teacher Associates Insurance Co	Occupation 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) ▶	3250.00
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 25 / 62
	<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. Donna Horoschak		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_02_2817
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 State Policy Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Donna Horoschak		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_1516
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 State Policy Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Donna Horoschak		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_3116
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 State Policy Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) ▶	187.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 62
	<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 Hudson		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 4300 NW 89th Blvd		Transaction ID: 3880230603016094223	
City State Zip Code Gainesville FL 32606-5688	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AvMed Health Plan	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Billy L. Jacobs		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 4335 Vine Ridge Ct		Transaction ID: 1818330603315762385	
City State Zip Code Arlington TX 76017	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer USHealth Group	Occupation VP		
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. Francis Jantzen III		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 17982 NW 9th Ct.		Transaction ID: 7064430603033578676	
City State Zip Code Pembroke Pines FL 33029-3113	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AvMed	Occupation VP; Client Services		
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) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 62
	(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. Konrad Kober		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 3100 Burnett Plaza		Transaction ID: 7485860603305959276	
City State Zip Code Fort Worth TX 76102	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer USHealth Group Inc.	Occupation Senior VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Cindy Koenig		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 3100 Burnett Plaza 801 Cherry Street Unite 33		Transaction ID: 9810540603306014453	
City State Zip Code Fort Worth TX 76102	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer USHealth Group Inc.	Occupation SVP & CFO		
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) C. Jeff Lemieux		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_01_3121	
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 ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	1625.00
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 28 / 62
	<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. Jeff Lemieux		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_021521
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; Center for Heal Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Jeff Lemieux		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_02_2821
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; Center for Heal Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Jeff Lemieux		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_1520
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; Center for Heal Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) ▶	375.00
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 29 / 62
	<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)
Jeff Lemieux

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer: America's Health Insurance Plans
Occupation: Senior Vice President; Center for Heal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: 2006_03_3120

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Dan Leonard

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer: America's Health Insurance Plans
Occupation: Executive VP; Advocacy & Professiona

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt
MM / DD / YYYY
01 / 15 / 2006

Transaction ID: 2006_01_15_223

Amount of Each Receipt this Period
208.33

C. Full Name (Last, First, Middle Initial)
Dan Leonard

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer: America's Health Insurance Plans
Occupation: Executive VP; Advocacy & Professiona

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt
MM / DD / YYYY
01 / 31 / 2006

Transaction ID: 2006_01_3123

Amount of Each Receipt this Period
208.33

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 62
	<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. Dan Leonard		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_021523
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 & Professional	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	

Full Name (Last, First, Middle Initial) B. Dan Leonard		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_02_2823
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 & Professional	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	

Full Name (Last, First, Middle Initial) C. Dan Leonard		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_1522
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 & Professional	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	

SUBTOTAL of Receipts This Page (optional) ▶	624.99
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 62
	<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. Dan Leonard		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_3122	
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 & Professional		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98		

Full Name (Last, First, Middle Initial) B. Joe Lessen		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_02_2824	
City State Zip Code Washington DC 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 Director of Special Projects; Federal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) C. Joe Lessen		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_1523	
City State Zip Code Washington DC 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 Director of Special Projects; Federal		
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) ▶	333.33
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 62
	(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. Joe Lessen		Date of Receipt MM / DD / YYYY 03 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_3123
City Washington	State DC	Zip Code 20004-2601
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 Director of Special Projects; Federal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Winston H Lonsdale		Date of Receipt MM / DD / YYYY 03 / 27 / 2006
Mailing Address 11361 S.W. 123rd Street		Transaction ID: 4903980603273780267
City Miami	State FL	Zip Code 33176
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Avmed	Occupation VP; Claims	
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. Daniel C. Lyons		Date of Receipt MM / DD / YYYY 03 / 16 / 2006
Mailing Address 1150 Grandview Terrace		Transaction ID: 8800430603165445388
City Radnor	State PA	Zip Code 19087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Independence Blue Cross	Occupation SVP; Govt Programs	
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)	▶	562.50
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 33 / 62
	<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. Anthony Marlon		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006
Mailing Address 2724 N Tenaya Way #205		Transaction ID: 8699260603095959024
City State Zip Code Las Vegas NV 89128-0424	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Sierra Health Services; Inc.	Occupation Chairman & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Javier Mendoza		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 13224 SW 40th Street		Transaction ID: 2641690603033517814
City State Zip Code Davie FL 33330	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AvMed	Occupation VP; Strategic Marketing Plans	
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. Robert Menkes		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_02_2828
City State Zip Code Washington DC 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 Vice President; Strategic Planning	
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) ▶	2312.50
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 34 / 62
	<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 03 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_1527
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 Vice President; Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Robert Menkes		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_3127
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 Vice President; Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Lawrence Mullany		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 10137 S.W. 48th Place		Transaction ID: 8936840603033503272
City Gainesville State FL Zip Code 32608	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AvMed	Occupation Health Medical Director	
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)	375.00
TOTAL This Period (last page this line number only)	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 62
	<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 Navin		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 100 Burnett Plaza 801 Cherry Street Unit 33		Transaction ID: 4069140603306081862
City Fort Worth	State TX	Zip Code 76102
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer USHealth Group Inc.	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Patrick O'Neill		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 3100 Burnett Plz 801 Cherry St Unit 33		Transaction ID: 4893470603306179287
City Fort Worth	State TX	Zip Code 76102-6888
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2000.00
Name of Employer USHEALTH Group; Inc.	Occupation EVP and General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Chip Parker		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 10322 White Rock Place		Transaction ID: 9788740603315744014
City Dallas	State TX	Zip Code 75238
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer USHealth	Occupation VP	
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)	▶	2800.00
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 36 / 62
	<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. Betsy Pelovitz		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_1532
City State Zip Code Washington DC 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 ▼ 250.02	

Full Name (Last, First, Middle Initial) B. Betsy Pelovitz		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_3132
City State Zip Code Washington DC 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 ▼ 250.02	

Full Name (Last, First, Middle Initial) C. Howard Phanstiel		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 5995 Plaza Dr		Transaction ID: 5044800603313805410
City State Zip Code Cypress CA 90630-5028	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group	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) ▶	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 37 / 62
	<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"/>	<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. Susan Pisano		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_01_3134
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President Strategic Communication Aggregate Year-to-Date ▼ 624.96	

Full Name (Last, First, Middle Initial) B. Susan Pisano		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_021534
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President Strategic Communication Aggregate Year-to-Date ▼ 624.96	

Full Name (Last, First, Middle Initial) C. Susan Pisano		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_02_2834
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President Strategic Communication Aggregate Year-to-Date ▼ 624.96	

SUBTOTAL of Receipts This Page (optional) ▶	312.48
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 62
	<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. Susan Pisano		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_1533
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.16
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 ▼ 624.96	

Full Name (Last, First, Middle Initial) B. Susan Pisano		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_3133
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.16
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 ▼ 624.96	

Full Name (Last, First, Middle Initial) C. Bernard Rabinowitz		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2006
Mailing Address 1913 N. Cleveland Ave		Transaction ID: 9934380603306152710
City Chicago	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer USHealth Group Inc.	Occupation SVP	
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)	▶	708.32
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 39 / 62
	<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 Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_021535
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 ▼ 499.98	

Full Name (Last, First, Middle Initial) B. Richard Ramsay		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_02_2835
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 ▼ 499.98	

Full Name (Last, First, Middle Initial) C. Richard Ramsay		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_1534
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 ▼ 499.98	

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 40 / 62
	<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)
Richard Ramsay

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 2006_03_3134

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
Marc Rivo

Mailing Address 4566 Prairie Ave

City Miami Beach State FL Zip Code 33140

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

Name of Employer AvMed Occupation REGIONAL MED. DIRE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2006

Transaction ID: 8671550603033602270

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
John Rowe

Mailing Address 151 Farmington Ave

City Hartford State CT Zip Code 06156-0001

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

Name of Employer Aetna Inc. Occupation Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2006

Transaction ID: 4510850603166302930

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)	▶	2333.33
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 41 / 62
	<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. Charles Stellar		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_02_2840
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 ▼ 434.80	

Full Name (Last, First, Middle Initial) B. Charles Stellar		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_1539
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 ▼ 434.80	

Full Name (Last, First, Middle Initial) C. Charles Stellar		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_3139
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 ▼ 434.80	

SUBTOTAL of Receipts This Page (optional) ▶	260.88
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 42 / 62
	<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. Ken Still		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 14515 NW 41st Ave		Transaction ID: 9039070603033638047	
City State Zip Code Newberry FL 32669	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AvMed	Occupation Group Controller		
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. Scott Styles		Date of Receipt M M / D D / Y Y Y Y 01 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_01_15_241	
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 204.35		
FEC ID number of contributing federal political committee. C			
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 ▼ 1226.10		

Full Name (Last, First, Middle Initial) C. Scott Styles		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_01_3141	
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 204.35		
FEC ID number of contributing federal political committee. C			
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 ▼ 1226.10		

SUBTOTAL of Receipts This Page (optional) ▶	658.70
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 43 / 62
	<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 M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_021541
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 204.35	
FEC ID number of contributing federal political committee. C		
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 ▼ 1226.10	

Full Name (Last, First, Middle Initial) B. Scott Styles		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_02_2841
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 204.35	
FEC ID number of contributing federal political committee. C		
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 ▼ 1226.10	

Full Name (Last, First, Middle Initial) C. Scott Styles		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_1540
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 204.35	
FEC ID number of contributing federal political committee. C		
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 ▼ 1226.10	

SUBTOTAL of Receipts This Page (optional) ▶	613.05
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 62
	<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 03 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_3140
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 ▼ 1226.10	

Full Name (Last, First, Middle Initial) B. Amy B Timmons		Date of Receipt MM / DD / YYYY 03 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW Suite 500		Transaction ID: 2006_03_3142
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 ▼ 208.35	

Full Name (Last, First, Middle Initial) C. Leo Toralballa		Date of Receipt MM / DD / YYYY 03 / 31 / 2006
Mailing Address 4300 Woodwick Court		Transaction ID: 1364810603315800758
City Fort Worth	State TX	Zip Code 76109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer USHealth	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1246.02
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 45 / 62
	<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. Rod Turner		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_021544
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 ▼ 499.98	

Full Name (Last, First, Middle Initial) B. Rod Turner		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_02_2844
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 ▼ 499.98	

Full Name (Last, First, Middle Initial) C. Rod Turner		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_1543
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 ▼ 499.98	

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 46 / 62
	<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)
Rod Turner

Mailing Address 601 Pennsylvania Ave NW
South Bldg; Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 2006_03_3143

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
I. Steven Udvarhelyi

Mailing Address 1901 Market St

City Philadelphia State PA Zip Code 19103-1400

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

Name of Employer Independence Blue Cross Occupation Senior Vice President & Chief Medical

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2006

Transaction ID: 1741100603165407712

Amount of Each Receipt this Period
250.00

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

Mailing Address 107 Chocolay Downs Golf Dr

City Marquette State MI Zip Code 49855-9542

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2006

Transaction ID: 2006_03_1544

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional)	378.33
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 47 / 62
	<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 MM / DD / YYYY 03 / 31 / 2006
Mailing Address 107 Chocolay Downs Golf Dr		Transaction ID: 2006_03_3144
City Marquette	State MI	Zip Code 49855-9542
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
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 ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Barry Wagner		Date of Receipt MM / DD / YYYY 03 / 03 / 2006
Mailing Address PO Box 749		Transaction ID: 0215280603033533137
City Gainesville	State FL	Zip Code 32602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AvMed Health Plan	Occupation VP; Medical Operations	
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. Rick Watson		Date of Receipt MM / DD / YYYY 03 / 30 / 2006
Mailing Address 100 Burnett Plaza 801 Cherery Street Unit 33		Transaction ID: 8167570603306034534
City Fort Worth	State TX	Zip Code 76102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer USHealth Group Inc.	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1295.00
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 48 / 62
	<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. James R. White, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 917 Warren Crossing		Transaction ID: 9104100603315731698
City State Zip Code Coppel TX 76501	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation USHealth VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Tom Wilder		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_1547
City State Zip Code Washington DC 20004-2601	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 Vice President; Private Market Regulat		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) C. Tom Wilder		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_3147
City State Zip Code Washington DC 20004-2601	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 Vice President; Private Market Regulat		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional) ▶	1083.34
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 62
	<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. Ronald Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 151 Farmington Ave		Transaction ID: 5200310603166310540	
City State Zip Code Hartford CT 06156-0001	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Aetna Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Joseph Winn		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_1548	
City State Zip Code Washington DC 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 ▼ 250.02		

Full Name (Last, First, Middle Initial) C. Joseph Winn		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_3148	
City State Zip Code Washington DC 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 ▼ 250.02		

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 50 / 62
	(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 Y 03 / 15 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_1549	
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; Legislative Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02		

Full Name (Last, First, Middle Initial) B. Duane Wright		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		Transaction ID: 2006_03_3149	
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; Legislative Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02		

SUBTOTAL of Receipts This Page (optional) ▶	83.34
TOTAL This Period (last page this line number only) ▶	50772.77

**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 51 / 62
	<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. Aflac Incorporated Political Action Committee Aflacpac		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address Worldwide Headquarters		Transaction ID: 5775450603274164457	
City Columbus State GA Zip Code 31999	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00034157			
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. Assurant Inc. Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 501 West Michigan Street PO Box 3050		Transaction ID: 6441090604135062378	
City Milwaukee State WI Zip Code 53203	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00185694			
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. Bluepac of Pennsylvania (INDEPENDENCE BLUE CROSS; BLUEPAC-THE BLUECROSS & BLUESHIELD)		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address PO Box 60710 C/O Linda Melusky		Transaction ID: 0229510603165461612	
City Harrisburg State PA Zip Code 17106	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00270967			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	12500.00
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 52 / 62
	<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. Health Alliance Plan Pac		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 2850 West Grand Boulevard		Transaction ID: 3079490602285767469	
City State Zip Code Detroit MI 48202	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00410670			
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. Sierra Health Services Political Action Committee (SHSPAC)		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6	
Mailing Address PO Box 15645		Transaction ID: 4910020603095997980	
City State Zip Code Las Vegas NV 89114	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00295360			
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. Trustmark Insurance Company Political Action Committee (TRUSTPAC)		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6	
Mailing Address 400 Field Drive		Transaction ID: 9457470603135807782	
City State Zip Code Lake Forrest IL 60045	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00156166			
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) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	27500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 62
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" 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)

A. Full Name (Last, First, Middle Initial)
Democratic Leadership Council

Mailing Address 600 Pennsylvania Avenue; SE
Suite 400

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	0	6

Transaction ID: 7667150604135235310

Amount of Each Receipt this Period
12500.00

Refund for 12/20/05 Expenditure

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 62

<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. Collins for Senator		Transaction ID: 0473560603275219212 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address PO Box 1096		Amount of Each Disbursement this Period -1000.00 Uncashed Contribution
City Bangor State ME Zip Code 04402		
Purpose of Disbursement 2008 Primary	Category/ Type	
Candidate Name Collins Susan		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Demint for Senate Committee Inc		Transaction ID: 9049850603275225189 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address PO Box 12425		Amount of Each Disbursement this Period -1500.00 Uncashed Contribution
City Columbia State SC Zip Code 29211		
Purpose of Disbursement 2010 Primary	Category/ Type	
Candidate Name DeMint Jim		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Democratic Senatorial Campaign Committee		Transaction ID: 9560680603285129351 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 120 Maryland Avenue Northeast		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement 2006 Contribution	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) ▶	12500.00
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 55 / 62

<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. Earl Pomeroy for Congress		Transaction ID: 4475870603275217464 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address PO Box 9336		Amount of Each Disbursement this Period -1000.00 Uncashed Contribution
City Fargo State ND Zip Code 58106		
Purpose of Disbursement 2006 Primary	Category/ Type	
Candidate Name Pomeroy Earl		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Earl Pomeroy for Congress		Transaction ID: 9981620603285184969 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO Box 9336		Amount of Each Disbursement this Period 1000.00
City Fargo State ND Zip Code 58106		
Purpose of Disbursement 2006 Primary	Category/ Type	
Candidate Name Pomeroy Earl		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of George Allen		Transaction ID: 1380510603285111851 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO Box 6859		Amount of Each Disbursement this Period 2000.00
City Arlington State VA Zip Code 22206		
Purpose of Disbursement 2006 Primary	Category/ Type	
Candidate Name Allen George		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 Kent Conrad		Transaction ID: 3358110603313999972 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address PO Box 812		Amount of Each Disbursement this Period 1000.00
City Bismarck State ND Zip Code 58502	Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Conrad Kent		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hatch Election Committee Inc		Transaction ID: 8906990603275215655 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 175 South West Temple Suite 650		Amount of Each Disbursement this Period -2000.00
City Salt Lake City State UT Zip Code 84101	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Hatch Orrin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Uncashed Contribution

Full Name (Last, First, Middle Initial) C. Heather Wilson for Congress		Transaction ID: 1589050603285127640 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO Box 14070		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87191	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Wilson Heather		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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. Hulshof for Congress - District 09 Missouri		Transaction ID: 9314330603285138756 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO Box 1621		Amount of Each Disbursement this Period 1000.00
City Columbia State MO Zip Code 65205		
Purpose of Disbursement 2006 Primary	Category/ Type	
Candidate Name Hulshof Kenny		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Marsha Blackburn for Congress Inc.		Transaction ID: 9506820603285187149 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO Box 682185		Amount of Each Disbursement this Period 1000.00
City Franklin State TN Zip Code 37068		
Purpose of Disbursement 2006 Primary	Category/ Type	
Candidate Name Blackburn Marsha		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. McCrery for Congress Committee		Transaction ID: 3845530603285188794 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		Amount of Each Disbursement this Period 5000.00
City Shreveport State LA Zip Code 71135		
Purpose of Disbursement 2006 Primary	Category/ Type	
Candidate Name McCrery Jim		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input 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) ▶	[Empty Box]

**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. Michael Burgess for Congress		Transaction ID: 2438860603285142228 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO Box 2334		Amount of Each Disbursement this Period 1000.00
City Denton State TX Zip Code 76202	Purpose of Disbursement 2006 General Candidate Name Burgess Michael Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Nathan Deal for Congress		Transaction ID: 3415760603285130840 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO Box 902		Amount of Each Disbursement this Period 1500.00
City Gainesville State GA Zip Code 30503	Purpose of Disbursement 2006 Primary Candidate Name Deal Nathan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Nelson for U S Senate		Transaction ID: 1600870603285116473 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO Box 8666		Amount of Each Disbursement this Period 2000.00
City Omaha State NE Zip Code 68108	Purpose of Disbursement 2006 General Candidate Name Nelson Ben Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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. New Democrat Coalition Political Action Committee Aka Ndc Pac		Transaction ID: 8288690603285113676 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 607 14th Street NW Suite 800		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005	Purpose of Disbursement 2006 Contribution	
Candidate Name	Category/Type	Uncashed Contribution
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) ▼	

Full Name (Last, First, Middle Initial) B. People for English		Transaction ID: 5954440603275220411 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address PO Box 1940		Amount of Each Disbursement this Period -1000.00
City Erie State PA Zip Code 16507	Purpose of Disbursement 2006 Primary	
Candidate Name English Phil	Category/Type	Uncashed Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. People for Enterprise Trade and Economic Growth		Transaction ID: 5158500603285110062 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 7804 Evening Lane		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22306	Purpose of Disbursement 2006 Contribution	
Candidate Name	Category/Type	Uncashed Contribution
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) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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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. People with Hart Inc		Transaction ID: 5500870603285135293 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO Box 435		Amount of Each Disbursement this Period 1000.00
City Wexford State PA Zip Code 15090	Purpose of Disbursement 2006 Primary Candidate Name Hart Melissa Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA District: 04		

Full Name (Last, First, Middle Initial) B. Rangel for Congress		Transaction ID: 6541980603285160283 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO Box 5577 Manhattanville Station		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10027	Purpose of Disbursement 2006 Primary Candidate Name Rangel Charles Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 15		

Full Name (Last, First, Middle Initial) C. Republican Party of Wisconsin		Transaction ID: 7415530602275689358 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 148 East Johnson Street PO Box 31		Amount of Each Disbursement this Period 1000.00
City Madison State WI Zip Code 53703	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) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. Tim Murphy for Congress		Transaction ID: 3618970603285136740 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO Box 24551		Amount of Each Disbursement this Period 1000.00
City Pttsburgh State PA Zip Code 15234	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Murphy Timothy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tom Feeny for Congress		Transaction ID: 8616710603285107910 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 1420 Alafaya Trail #103		Amount of Each Disbursement this Period 1000.00
City Oviedo State FL Zip Code 32765	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Feeny Tom		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. White Mountain Pac		Transaction ID: 0563250603275226767 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address PO Box 1772		Amount of Each Disbursement this Period -1000.00
City Concord State NH Zip Code 03302	Category/ Type	
Purpose of Disbursement 2006 Contribution		
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) ▼	

Uncashed Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

35000.00

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

Use separate schedule(s)
for each category of the
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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. Senator Mark Norris		Transaction ID: 7593310603275223676 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 853 S. Collierville-Arlington Rd.		Amount of Each Disbursement this Period -100.00
City Collierville State TN Zip Code 38017		
Purpose of Disbursement Nonfederal Contribution		Uncashed Contribution
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)	-100.00
TOTAL This Period (last page this line number only)	-100.00