

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 11 04 2008 in the State of DC

5. Covering Period 10 16 2008 through 11 24 2008

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

Type or Print Name of Treasurer Mr. Robert Borchardt

Signature of Treasurer Electronically Filed by Mr. Robert Borchardt Date 12 04 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**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
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		167489.76
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	63573.60									
(c) Total Receipts (from Line 19)	22746.00	252989.28								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	86319.60	420479.04								
7. Total Disbursements (from Line 31)	19583.54	353742.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	66736.06	66736.06								
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
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	13895.21	137745.07
(i) Itemized (use Schedule A)	6350.79	16419.26
(ii) Unitemized	20246.00	154164.33
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	2500.00	94500.00
(c) Other Political Committees (such as PACs)	22746.00	248664.33
(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	1324.95
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	3000.00
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))	22746.00	252989.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22746.00	252989.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	83.54	1492.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	83.54	1492.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	20000.00	329000.00
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.....	-500.00	23250.00
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))..	19583.54	353742.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19583.54	353742.98

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	22746.00	248664.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22746.00	248664.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	83.54	1492.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1324.95
38. Net Operating Expenditures (subtract Line 37 from Line 36)	83.54	168.03

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

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

FOR LINE NUMBER: PAGE 6 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gary Bacher

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

City Washington State DC Zip Code 20004

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

Name of Employer AHIP Occupation Senior VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2008
Transaction ID: 131113-1
Amount of Each Receipt this Period 125.00

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

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation VP Member Services and Professional De

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1312.50

Date of Receipt 10 / 31 / 2008
Transaction ID: 301030-2
Amount of Each Receipt this Period 62.50

C. Full Name (Last, First, Middle Initial)
James Balda

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation VP Member Services and Professional De

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1312.50

Date of Receipt 11 / 15 / 2008
Transaction ID: 131113-2
Amount of Each Receipt this Period 62.50

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 301030-3
Name of Employer America's Health Insurance Plans		Occupation Executive Vice President, Clinical Aff	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4374.93	208.33

B.	Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 131113-3
Name of Employer America's Health Insurance Plans		Occupation Executive Vice President, Clinical Aff	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4374.93	208.33

C.	Full Name (Last, First, Middle Initial) Robert Borchardt		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 301030-4
Name of Employer America's Health Insurance Plans		Occupation Senior Vice President Finance & Operat	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 658.36	41.67

SUBTOTAL of Receipts This Page (optional)	458.33
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert Borchardt	Date of Receipt MM / DD / YYYY 11 / 15 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 131113-4
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Senior Vice President Finance & Operat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 658.36	

B.	Full Name (Last, First, Middle Initial) Dianne Bricker	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 301030-5
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Regional Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 875.07	

C.	Full Name (Last, First, Middle Initial) Dianne Bricker	Date of Receipt MM / DD / YYYY 11 / 15 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 131113-5
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Regional Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 875.07	

SUBTOTAL of Receipts This Page (optional)	125.01
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Elizabeth Brooks		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 301030-6
Name of Employer America's Health Insurance Plans		Occupation Policy Analyst	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 218.82	10.42

B.	Full Name (Last, First, Middle Initial) Elizabeth Brooks		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 131113-6
Name of Employer America's Health Insurance Plans		Occupation Policy Analyst	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 218.82	10.42

C.	Full Name (Last, First, Middle Initial) James Buccheri		Date of Receipt
	Mailing Address 37 S Borough Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Southington	CT	06489-4151
	FEC ID number of contributing federal political committee. C		Transaction ID: 57485f03997db1e1ed3
Name of Employer Connecticare		Occupation Chief Sales Officer, SVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	500.00

SUBTOTAL of Receipts This Page (optional)	520.84
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 8		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301030-18		
	City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 62.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer America's Health Insurance Plans		Occupation Director Political Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2375.00			

B.	Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 8		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 131113-18		
	City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 62.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer America's Health Insurance Plans		Occupation Director Political Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2375.00			

C.	Full Name (Last, First, Middle Initial) Winthrop Cashdollar		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 8		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301030-8		
	City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 62.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer America's Health Insurance Plans		Occupation Executive Director Product Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1187.50			

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

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

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

FOR LINE NUMBER: PAGE 11 / 49

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Winthrop Cashdollar

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

City State Zip Code
Washington DC 20004

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1187.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 8

Transaction ID: 131113-8

Amount of Each Receipt this Period

62.50

B.

Full Name (Last, First, Middle Initial)
Yvonne Chanatry

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

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
America's Health Insurance Vice President, Marketing and Graphics
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1749.93

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: 301030-9

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)
Yvonne Chanatry

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

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
America's Health Insurance Vice President, Marketing and Graphics
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1749.93

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 8

Transaction ID: 131113-9

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

229.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 49

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Susan Coronel

Mailing Address 601 Pennsylvania Avenue Northwest
South Building, Suite 500

City State Zip Code
Washington DC 20004-2601

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

Name of Employer Occupation
America's Health Insurance Senior Director, Long-Term Care
Plans

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 81e15eb98196d4808f4

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Gregory Dean

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

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
America's Health Insurance Ex Dir of AHIPs Learning & Resource Ce
Plans

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1312.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: 301030-12

Amount of Each Receipt this Period

62.50

C.

Full Name (Last, First, Middle Initial)
Gregory Dean

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

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
America's Health Insurance Ex Dir of AHIPs Learning & Resource Ce
Plans

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1312.50

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 8

Transaction ID: 131113-12

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Stephanie Dougherty

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Director, Professional Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.33

Date of Receipt 10 / 31 / 2008
Transaction ID: 301030-14
Amount of Each Receipt this Period 12.50

B. Full Name (Last, First, Middle Initial)
Stephanie Dougherty

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Director, Professional Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.33

Date of Receipt 11 / 15 / 2008
Transaction ID: 131113-14
Amount of Each Receipt this Period 12.50

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1915.29

Date of Receipt 10 / 31 / 2008
Transaction ID: 301030-15
Amount of Each Receipt this Period 104.00

SUBTOTAL of Receipts This Page (optional) ► 129.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 49
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Jill Dowell		Date of Receipt MM / DD / YYYY 11 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 131113-15
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.00
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1915.29	

B.

Full Name (Last, First, Middle Initial) George Film		Date of Receipt MM / DD / YYYY 11 / 18 / 2008
Mailing Address 5551 Crock St		Transaction ID: 1e09f7868b8bbf70c4a
City Louisville	State OH	Zip Code 44641-8783
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AultCare	Occupation AVP of Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Andrea Finley		Date of Receipt MM / DD / YYYY 11 / 18 / 2008
Mailing Address 782 Crestland Ave SE		Transaction ID: 8fe6e8898c76d8f0d13
City North Canton	State OH	Zip Code 44720-3300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Aultcare	Occupation AVP Compliance and Internal Audit	
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)	604.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 49
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt MM / DD / YYYY 10 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301030-16
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2625.00	

B.

Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt MM / DD / YYYY 11 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 131113-16
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2625.00	

C.

Full Name (Last, First, Middle Initial) Vicky Gregg		Date of Receipt MM / DD / YYYY 11 / 18 / 2008
Mailing Address 801 Pine Street		Transaction ID: be769aa25030d19417c
City Chattanooga	State TN	Zip Code 37402-2517
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer BlueCross BlueShield of Tennessee	Occupation President and Chief Executive Officer	
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)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 49
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Teresa Guidone

Mailing Address 31 Cobblestone Dr

City State Zip Code
Hamden CT 06518-1750

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

Name of Employer
ConnectiCare

Occupation
VP of Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2008

Transaction ID: 95ea3ceb0d5770deb06

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Francis Hayden

Mailing Address 8337 Audubon Street, NW

City State Zip Code
Massillon OH 44646

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

Name of Employer
AultCare

Occupation
Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2008

Transaction ID: 6cb38c77b39b7875244

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Julie Hill

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

City State Zip Code
Washington DC 20004

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

Name of Employer
America's Health Insurance Plans

Occupation
Director, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.82

Date of Receipt
MM / DD / YYYY
10 / 31 / 2008

Transaction ID: 301030-20

Amount of Each Receipt this Period
10.42

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 49

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Julie Hill

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

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
America's Health Insurance Director, Marketing
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 218.82

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 8

Transaction ID: 131113-20

Amount of Each Receipt this Period

10.42

B.

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

Mailing Address 601 Pennsylvania Avenue Northwest
South Building, Suite 500

City State Zip Code
Washington DC 20004

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: db6fc5d30ad6b47d512

Amount of Each Receipt this Period

1000.00

C.

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

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

City State Zip Code
Washington DC 20004

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 437.43

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: 301030-21

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)

1031.25

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.43

Date of Receipt: 11 / 15 / 2008
Transaction ID: 131113-21
 Amount of Each Receipt this Period: 20.83

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt: 10 / 31 / 2008
Transaction ID: 301030-23
 Amount of Each Receipt this Period: 83.33

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt: 11 / 15 / 2008
Transaction ID: 131113-23
 Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ► **187.49**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 49
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Scott Keefer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 8
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301030-25
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Director of Policy Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.07	

B.

Full Name (Last, First, Middle Initial) Scott Keefer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 8
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 131113-25
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Director of Policy Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.07	

C.

Full Name (Last, First, Middle Initial) Chad Kibler		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 8
Mailing Address 5645 Alcorn Avenue		Transaction ID: 25a9be825e90f5c567e
City Louisville	State OH	Zip Code 44641
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AultCare	Occupation VP, Government Health Plans	
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)	333.34
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 20 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.07

Date of Receipt: 10 / 31 / 2008
Transaction ID: 301030-26
 Amount of Each Receipt this Period: 41.67

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.07

Date of Receipt: 11 / 15 / 2008
Transaction ID: 131113-26
 Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Larry Larson

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Director, Operations and Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.43

Date of Receipt: 10 / 31 / 2008
Transaction ID: 301030-27
 Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ► 104.17

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

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

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

FOR LINE NUMBER: PAGE 21 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Larry Larson

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Director, Operations and Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.43

Date of Receipt: 11 / 15 / 2008
Transaction ID: 131113-27
 Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Jeff Lemieux

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: SVP, Center for Health Policy & Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2625.00

Date of Receipt: 10 / 31 / 2008
Transaction ID: 301030-28
 Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Jeff Lemieux

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: SVP, Center for Health Policy & Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2625.00

Date of Receipt: 11 / 15 / 2008
Transaction ID: 131113-28
 Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ► 270.83

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Beth Leonard		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 301030-29
Name of Employer America's Health Insurance Plans		Occupation Senior Director, Public Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="541.68"/>	<input type="text" value="41.67"/>

B.	Full Name (Last, First, Middle Initial) Beth Leonard		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 131113-29
Name of Employer America's Health Insurance Plans		Occupation Senior Director, Public Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="541.68"/>	<input type="text" value="41.67"/>

C.	Full Name (Last, First, Middle Initial) Kathleen Madden		Date of Receipt
	Mailing Address 16 Virginia Ln		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Unionville	CT	06085-1142
	FEC ID number of contributing federal political committee. C		Transaction ID: 6ac7a2af52cd186c590
Name of Employer Connecticare		Occupation VP, Network Ops	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="333.34"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 49
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt MM / DD / YYYY 10 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301030-32
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer America's Health Insurance Plans	Occupation Director of Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

B.

Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt MM / DD / YYYY 11 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 131113-32
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer America's Health Insurance Plans	Occupation Director of Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

C.

Full Name (Last, First, Middle Initial) Anthony Meoni		Date of Receipt MM / DD / YYYY 10 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301030-35
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer America's Health Insurance Plans	Occupation Vice President, IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

SUBTOTAL of Receipts This Page (optional)	▶	40.50
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 24 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Anthony Meoni

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

City Washington State DC Zip Code 20004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.50

Date of Receipt 11 / 15 / 2008
Transaction ID: 131113-35
Amount of Each Receipt this Period 10.50

B. Full Name (Last, First, Middle Initial)
Thomas Meyers

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

City Washington State DC Zip Code 20004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2008
Transaction ID: 301030-36
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Thomas Meyers

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

City Washington State DC Zip Code 20004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 15 / 2008
Transaction ID: 131113-36
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 50.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 301030-38
Name of Employer America's Health Insurance Plans		Occupation Senior Associate Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="525.00"/>	<input type="text" value="25.00"/>

B.	Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 131113-38
Name of Employer America's Health Insurance Plans		Occupation Senior Associate Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="525.00"/>	<input type="text" value="25.00"/>

C.	Full Name (Last, First, Middle Initial) Lisa Miller		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 301030-39
Name of Employer America's Health Insurance Plans		Occupation Deputy Director, Meeting Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="218.82"/>	<input type="text" value="10.42"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="60.42"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 49
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Lisa Miller		Date of Receipt MM / DD / YYYY 11 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 131113-39
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.42
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, Meeting Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.82	

B.

Full Name (Last, First, Middle Initial) Martin Mitchell		Date of Receipt MM / DD / YYYY 10 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301030-40
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.43	

C.

Full Name (Last, First, Middle Initial) Martin Mitchell		Date of Receipt MM / DD / YYYY 11 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 131113-40
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.43	

SUBTOTAL of Receipts This Page (optional)	▶	52.08
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 49

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Joe Novak

Mailing Address 2600 Sixth Street Southwest

City State Zip Code
Canton OH 44710-1702

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

Name of Employer Occupation
AultCare Senior Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: acf61db7b6fb98a7cc9

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Michael Novelli

Mailing Address 97 Jefferson Dr

City State Zip Code
Hudson OH 44236-2120

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

Name of Employer Occupation
AultCare AVP-Aultra

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 11cfd004e8655201d08

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

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

City State Zip Code
Washington DC 20004

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1479.14

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: 301030-41

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) ▶

833.33

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 49
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt MM / DD / YYYY 11 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 131113-41
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1479.14	

B.

Full Name (Last, First, Middle Initial) Diane Pete		Date of Receipt MM / DD / YYYY 11 / 18 / 2008
Mailing Address 2203 Radford Street, NW		Transaction ID: b5209963dd31c8947a2
City North Canton	State OH	Zip Code 44720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Not Employed	Occupation Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt MM / DD / YYYY 10 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301030-42
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 116.16
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 ▼ 2439.36	

SUBTOTAL of Receipts This Page (optional)	▶	699.49
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 49
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		Transaction ID: 131113-42
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 116.16	
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 ▼	
		<input type="text"/> 2439.36	

B.	Full Name (Last, First, Middle Initial) Richard Ramsay		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		Transaction ID: 301030-44
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 83.33	
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 ▼	
		<input type="text"/> 1749.93	

C.	Full Name (Last, First, Middle Initial) Richard Ramsay		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		Transaction ID: 131113-44
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 83.33	
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 ▼	
		<input type="text"/> 1749.93	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 282.82
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 49
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Ingrid Reeves		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 8
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301030-46
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Executive Director of Membership	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.43	

B.

Full Name (Last, First, Middle Initial) Ingrid Reeves		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 8
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 131113-46
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Executive Director of Membership	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.43	

C.

Full Name (Last, First, Middle Initial) Bob Rehm		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 8
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301030-47
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Vice President, Public Health & Clinic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 656.25	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 49
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Bob Rehm		Date of Receipt MM / DD / YYYY 11 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 131113-47
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Vice President, Public Health & Clinic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 656.25	

B.

Full Name (Last, First, Middle Initial) Richard Rogers		Date of Receipt MM / DD / YYYY 11 / 18 / 2008
Mailing Address 15 Aragon Dr		Transaction ID: c5e38a9b21627e816ec
City Trumbull	State CT	Zip Code 06611-2811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ConnectiCare	Occupation SVP, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Sue Rohan		Date of Receipt MM / DD / YYYY 10 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301030-48
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	

SUBTOTAL of Receipts This Page (optional)	▶	614.58
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 49
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Sue Rohan		Date of Receipt MM / DD / YYYY 11 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 131113-48
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	

B.

Full Name (Last, First, Middle Initial) James R. Savage		Date of Receipt MM / DD / YYYY 10 / 17 / 2008
Mailing Address 500 Bachtel SE		Transaction ID: 80b88e00ec88954107f
City North Canton	State OH	Zip Code 44720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AultCare	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Frank Scalise		Date of Receipt MM / DD / YYYY 11 / 18 / 2008
Mailing Address 45 Summer Ln		Transaction ID: 7b65763a97d9f388523
City Rocky Hill	State CT	Zip Code 06067-1058
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Connecticare	Occupation Controller	
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)	833.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 49
	<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) Carol Schleichert	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 4420 Ranier Ave NW	Transaction ID: f7b49caa40ba5970217
	City State Zip Code Massillon OH 44646-1485	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Not Employed Occupation Not Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

B.	Full Name (Last, First, Middle Initial) Melissa Shelton	Date of Receipt MM / DD / YYYY 11 / 18 / 2008
	Mailing Address 3371 Hadrian Circle, NW	Transaction ID: 610d971f93a8abf4889
	City State Zip Code Canton OH 44708	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Aultcare Occupation AVP, HR and Training Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) Lisa Shreve	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 301030-49
	City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer America's Health Insurance Plans Occupation Senior Vice President, Professional Pr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.07

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 49

(check only one)

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

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

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

A.

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

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

City State Zip Code
Washington DC 20004

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 875.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	0	8

Transaction ID: 131113-49

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)
Debbie Stimmel

Mailing Address 5368 South Island Drive, NW

City State Zip Code
Canton OH 44718

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

Name of Employer Occupation
Aultcare VP, Clinical Services

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: dbb089668c588605eab

Amount of Each Receipt this Period

250.00

C.

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

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

City State Zip Code
Washington DC 20004

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4340.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Transaction ID: 301030-50

Amount of Each Receipt this Period

219.45

SUBTOTAL of Receipts This Page (optional) ▶

511.12

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

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

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

FOR LINE NUMBER: PAGE 35 / 49

(check only one)

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

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

A.

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

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

City State Zip Code
Washington DC 20004

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 4340.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	0	8

Transaction ID: 131113-50

Amount of Each Receipt this Period

219.45

B.

Full Name (Last, First, Middle Initial)
Jessica Talbert

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

City State Zip Code
Washington DC 20004

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 210.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	0	8

Transaction ID: 131113-51

Amount of Each Receipt this Period

20.83

C.

Full Name (Last, First, Middle Initial)
Timothy Teynor

Mailing Address 2600 Sixth Street Southwest

City State Zip Code
Canton OH 44710-1702

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

Name of Employer Occupation
AultCare V.P. - Public Policy

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1125.00

Date of Receipt

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

Transaction ID: 1c124dfe357947a5ffb

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

365.28

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 49
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt MM / DD / YYYY 10 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301030-52
City Washington State DC Zip Code 20004	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 Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4374.93	

B.

Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt MM / DD / YYYY 11 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 131113-52
City Washington State DC Zip Code 20004	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 Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4374.93	

C.

Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt MM / DD / YYYY 10 / 31 / 2008
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 301030-53
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director, Federal Legislative Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 945.00	

SUBTOTAL of Receipts This Page (optional)	461.66
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 49

(check only one)

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

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

A.

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

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

City State Zip Code
Washington DC 20004

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 945.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 8

Transaction ID: 131113-53

Amount of Each Receipt this Period

45.00

B.

Full Name (Last, First, Middle Initial)
Daniel Vigil

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

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
America's Health Insurance Deputy Director, State Publications
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 656.25

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: 301030-55

Amount of Each Receipt this Period

31.25

C.

Full Name (Last, First, Middle Initial)
Daniel Vigil

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

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
America's Health Insurance Deputy Director, State Publications
Plans

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 656.25

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 8

Transaction ID: 131113-55

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional) ▶

107.50

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

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

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

FOR LINE NUMBER: PAGE 38 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Duane Wright

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Executive Director, Legislative Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1312.50

Date of Receipt: 10 / 31 / 2008
Transaction ID: 301030-57
 Amount of Each Receipt this Period: 62.50

B. Full Name (Last, First, Middle Initial)
Duane Wright

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Executive Director, Legislative Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1312.50

Date of Receipt: 11 / 15 / 2008
Transaction ID: 131113-57
 Amount of Each Receipt this Period: 62.50

C. Full Name (Last, First, Middle Initial)
Marilyn Zigmund Luke

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 15 / 2008
Transaction ID: 131113-58
 Amount of Each Receipt this Period: 10.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Robert Zirkelbach		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer America's Health Insurance Plans		Occupation Senior Manager, Media Relations	Transaction ID: 301030-59
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="499.95"/>	
		Amount of Each Receipt this Period	<input type="text" value="41.67"/>

B.	Full Name (Last, First, Middle Initial) Robert Zirkelbach		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer America's Health Insurance Plans		Occupation Senior Manager, Media Relations	Transaction ID: 131113-59
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="499.95"/>	
		Amount of Each Receipt this Period	<input type="text" value="41.67"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="83.34"/>
TOTAL This Period (last page this line number only)	<input type="text" value="13895.21"/>

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

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

FOR LINE NUMBER: PAGE 40 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
Genworth Financial Inc. Political Action Committee Genworth Pac

Mailing Address 6620 W. Broad Street

City State Zip Code
Richmond VA 23230

FEC ID number of contributing federal political committee. **C** C00404194

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 8

Transaction ID: 25d7d1f3ca3ae10ff4e

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00

**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)

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

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

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 64caf041f5c4442486c Date of Disbursement
	Mailing Address 730 15th Street, NW Second Floor	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Wire Transfer Fee	<input type="text" value="12.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: c7635bbcaf07b521415 Date of Disbursement
	Mailing Address 730 15th Street, NW Second Floor	<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Wire Transfer Fee	<input type="text" value="12.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Citibank	Transaction ID: f8c3557a83805585dde Date of Disbursement
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor	<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period
	Purpose of Disbursement AMEX Service Fee	<input type="text" value="4.50"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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)	<input type="text" value="28.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Citibank	Transaction ID: 1837a2be74e7670f4b7 Date of Disbursement																			
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	3	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	3	/	2	0	0	8												
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Merchant Service Fee Candidate Name	<table border="1"><tr><td>22.60</td></tr></table>	22.60																		
22.60																					
	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) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

B.	Full Name (Last, First, Middle Initial) Citibank	Transaction ID: 1c22a844843fc8be83f Date of Disbursement																			
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	0	/	2	0	0	8												
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																			
	Purpose of Disbursement AMEX Service Fee Candidate Name	<table border="1"><tr><td>0.78</td></tr></table>	0.78																		
0.78																					
	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) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

C.	Full Name (Last, First, Middle Initial) Citibank	Transaction ID: 21b87e7886abdf3a276 Date of Disbursement																			
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	0	/	2	0	0	8												
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Merchant Service Fee Candidate Name	<table border="1"><tr><td>31.66</td></tr></table>	31.66																		
31.66																					
	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) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>55.04</td></tr></table>	55.04
55.04		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td>83.54</td></tr></table>	83.54
83.54		

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Battle Born Political Action Committee</p> <p>Mailing Address PO Box 370386 Suite 300</p> <p>City Las Vegas State NV Zip Code 89137</p> <p>Purpose of Disbursement 2008 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District: Contribution</p>	<p>Transaction ID: 29108-2347070574760</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens for Harkin</p> <p>Mailing Address PO Box 811</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Tom Harkin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District:</p>	<p>Transaction ID: 29108-6765863299369</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln</p> <p>Mailing Address PO Box 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement 2010 General Contribution</p> <p>Candidate Name Blanche Lambert Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AR District:</p>	<p>Transaction ID: 29108-4620935320854</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 49

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

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

A. Full Name (Last, First, Middle Initial) Friends of Chris Dodd <hr/> Mailing Address PO Box 270701 <hr/> City West Hartford State CT Zip Code 06127 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Christopher J. Dodd <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District:	Transaction ID: 29108-6467248797416 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Jim Clyburn <hr/> Mailing Address PO Box 12567 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name James E. Clyburn <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 06	Transaction ID: 29108-9059717059135 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Mary Landrieu Inc <hr/> Mailing Address 607 14th Street NW Suite 800 Suite 1434 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name Mary L. Landrieu <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District:	Transaction ID: 29098-1049920916557 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Hagan Senate Committee Inc <hr/> Mailing Address PO Box 29103 <hr/> City Greensboro State NC Zip Code 27429 <hr/> Purpose of Disbursement 2008 Debt Retirement General Election Candidate Name Kay R. Hagan <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90984-6298028826713 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kendrick Meek Campaign for Congress <hr/> Mailing Address 111 NW 183rd Street Suite 325 <hr/> City Miami State FL Zip Code 33169 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name Kendrick B. Meek <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29394-0353509783744 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Lautenberg for Senate <hr/> Mailing Address Riverfront Plaza Station PO Box 200596 <hr/> City Newark State NJ Zip Code 07102 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name Frank Lautenberg <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29108-4880945086479 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) People for Patty Murray U S Senate Campaign <hr/> Mailing Address PO Box 3662 <hr/> City Seattle State WA Zip Code 98124 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Patty Murray <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District:	Transaction ID: 29108-9248773455619 Date of Disbursement 10 / 31 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Udall for Colorado <hr/> Mailing Address PO Box 40158 <hr/> City Denver State CO Zip Code 80204 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name Mark E. Udall <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District:	Transaction ID: 29108-0326043963432 Date of Disbursement 10 / 31 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Walden for Congress <hr/> Mailing Address PO Box 1091 <hr/> City Hood River State OR Zip Code 97031 <hr/> Purpose of Disbursement Org. Contr 5/1/08 - Voided Candidate Name Greg P. Walden <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 02	Transaction ID: 38551-26317995786667 Date of Disbursement 10 / 30 / 2008
	Amount of Each Disbursement this Period -1000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 49

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

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

A.

Full Name (Last, First, Middle Initial)
Walden for Congress

Transaction ID: 29108-2112085223197

Date of Disbursement

Mailing Address PO Box 1091

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

City State Zip Code
Hood River OR 97031

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2008 General Contribution

011
Category/
Type

Candidate Name
Greg P. Walden

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OR District: 02

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

20000.00

**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 48 / 49

<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)

<p>A. Full Name (Last, First, Middle Initial) Friends of John Nelson</p> <p>Mailing Address 14044 W Greentree Drive South</p> <p>City Litchfield Park State AZ Zip Code 85340</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27539-12505739927291</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">-200.00</p> <p style="text-align: center;">011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Humphries to the House 2008</p> <p>Mailing Address 140 W. Vista Grande Drive</p> <p>City Tuscon State AZ Zip Code 85704</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27539-17852419614792</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">-100.00</p> <p style="text-align: center;">011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Huppenthal 2008</p> <p>Mailing Address 8 N. Bullmoose Circle</p> <p>City Chandler State AZ Zip Code 85224</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27539-41344851255417</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">-200.00</p> <p style="text-align: center;">011 Category/ Type</p>

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

Form/Schedule: **F3XN**

Transaction ID:

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