

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 (12S)
Election on 11 02 2010 in the State of 0
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2010 through 10 13 2010

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 10 21 2010

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)

A. Form/Schedule : **F3XN**

Transaction ID :

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 3 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 0 | | 125395.88 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 109312.46 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 2667.68 | 207488.47 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 111980.14 | 332884.35 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 3063.48 | 223967.69 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 108916.66 | 108916.66 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 3 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 2500.00 | 113733.23 |
| (ii) Unitemized | 50.00 | 9610.37 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 2550.00 | 123343.60 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 79500.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 2550.00 | 202843.60 |
| 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) | 117.68 | 1644.87 |
| 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)) | 2667.68 | 207488.47 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 2667.68 | 207488.47 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 63.48 | 1467.69 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 63.48 | 1467.69 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 3000.00 | 211000.00 |
| 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 | 5000.00 |
| (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 | 5000.00 |
| 29. Other Disbursements..... | 0.00 | 6500.00 |
| 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)).. | 3063.48 | 223967.69 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3063.48 | 223967.69 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 2550.00 | 202843.60 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 5000.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2550.00 | 197843.60 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 63.48 | 1467.69 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 117.68 | 1644.87 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | -54.20 | -177.18 |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 10 | |
| | (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) Kelly Vogel | | Date of Receipt | | |
| | Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 | | M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0 | | |
| | City Washington | State DC | Zip Code 20004-2601 | Transaction ID: 03C13DB60D6C5451314 | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2500.00 | | |
| | 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 ▼ 2500.00 | | | |

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

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

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 10 |
| | (check only one) |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 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) Citibank | | Date of Receipt |
| | Mailing Address 1101 Pennsylvania Ave, NW 11th Floor | | <input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Washington | DC | 20004 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| | Name of Employer | | Occupation |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="1644.87"/> | Transaction ID: 28E2508F780551D0137 |
| | | | Amount of Each Receipt this Period <input type="text" value="24.00"/> |
| | | | Reimbursement of Wire Transfer Fees |

| | | | |
|---|--|--|---|
| B. | Full Name (Last, First, Middle Initial) Citibank | | Date of Receipt |
| | Mailing Address 1101 Pennsylvania Ave, NW 11th Floor | | <input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Washington | DC | 20004 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| | Name of Employer | | Occupation |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="1644.87"/> | Transaction ID: 3E821480570A43C8364 |
| | | | Amount of Each Receipt this Period <input type="text" value="93.68"/> |
| | | | Reimbursement of Merchant Service Fees |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="117.68"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="117.68"/> |

**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 <hr/> Mailing Address 1101 Pennsylvania Ave, NW 11th Floor <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Merchant Service Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D972F6E9C880CA6FFC6 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 31.74 Category/Type: 001 |
| B. Full Name (Last, First, Middle Initial) Citibank <hr/> Mailing Address 1101 Pennsylvania Ave, NW 11th Floor <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Merchant Service Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: A62FCF1F70ECEA17C7F Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 31.74 Category/Type: 001 |

SUBTOTAL of Disbursements This Page (optional) ►

63.48

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

63.48

**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 10 / 10

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
Republican Party of Wisconsin

Transaction ID: 64995-0497400164604

Date of Disbursement

Mailing Address 148 E. Johnson Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 3 | | 2 | 0 | 1 | 0 |

City State Zip Code
Madison WI 53703

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

Purpose of Disbursement
2010 Contribution to Federal Account

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name
Republican Party of Wisconsin

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Contribution

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 3000.00 |
|---------|

TOTAL This Period (last page this line number only)

| |
|---------|
| 3000.00 |
|---------|