04/07/2008 11:53

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI 3X	For Other Than An	Authorized Comm	nittee	C	Office Use Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LAI OR TYPE OR PRINT		ping, type		
Americas Health Insurance	Plans PAC (AHIP PAC)				
	201 D				
ADDRESS (number and street)	601 Pennsylvania Ave				
Check if different	Suite 500 South Build	ling			
than previously reported. (ACC)	Washington		_	DC _	20004
2. FEC IDENTIFICATION NUI	MBER ▼	CITY A	S	TATE	ZIPCODE A
C00106740		3. IS THIS REPORT	NEW (N) OR	X AME (A)	NDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20	Year Only)
		Apr 20 (M4)	Jul 20 (M7)	Oct 20	
April 15 Quarterly Report(0 July 15	(c) 12-Day	Primary (General (12	
Quarterly Report(0 October 15 Quarterly Report(0	Report for t		on (12C)	Special (120	G)
January 31 Quarterly Report(Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	Post -Elec		30G)	Runoff (30F	Special (30S)
Termination Report (TER)		Election on			in the State of
5. Covering Period 0	7 01 200	7 throug	gh 12	31	2007
I certify that I have examined this	·	my knowledge and belief	it is true, correct ar	nd complete.	
Type or Print Name of Treasurer	Robert Borchardt				
Signature of Treasurer Electro	onically Filed by Robert I	Borchardt	Da	te 0 4	07 2008
NOTE : Submission of false, erro	oneous, or incomplete infor	mation may subject the p	erson signing this	Report to the pe	enalties of 2 U.S.C 437g.
Office Use					FEC FORM 3X

FE6AN026

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) [®] D " D 0.7 12 0 1 2007 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand Ž007 149741.74 January 1 (b) Cash on Hand at 176905.52 Begining of Reporting Period 99804.37 284135.60 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 276709.89 433877.34 6(a) and 6(c) for Column B) 109220.13 266387.58 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 167489.76 167489.76 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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) Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

0 1 3^D1 м м 0 7 2007 м м 1 2 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 173004.17 80824.78 (i) Itemized (use Schedule A) 5979.59 14131.43 (ii) Unitemized (iii) TOTAL (add 86804.37 187135.60 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 13000.00 97000.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 99804.37 284135.60 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 99804.37 284135.60 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 99804.37 284135.60 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 928.59 1366.04 Expenditures..... (c) Total Operating Expenditures 928.59 1366.04 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 107500.00 265000.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 791.54 791.54 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 791.54 791.54 (add Lines 28(a), (b), and (c)) 0.00 -770.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 109220.13 266387.58 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 109220.13 266387.58 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	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)	99804.37	284135.60
34.	Total Contribution Refunds (from Line 28(d))	791.54	791.54
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	99012.83	283344.06
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	928.59	1366.04
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	928.59	1366.04

FE6AN026

Owatonna MN 55060-3046 FEC ID number of contributing federal political committee. C		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Full Name (Last, First, Middle Initial) Al Annexatad Mailing Address 121 East Park Square P.O. Box 328 City Owatonna MN 55060-3046 FEC ID number of contributing federal political committee. C City City Name (Last, First, Middle Initial) James Balda Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 FEC ID number of contributing federal political committee. C City Transaction ID: 01b89c2580db64 Amount of Each Receipt this Period Chairman of the Board, President & CE On Chairman of the Board	_	or for commercial purposes, other than using the or NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
P.O. Box 328 City City State Downtonna MN 55060-3046 Amount of Each Receipt this Period FEC ID number of contributing rederal political committee. Name of Employer Amenor of Coupation VP Member Services and Professional Delease of Receipt Transaction ID: 20070726-1 Amount of Each Receipt this Period Docupation VP Member Services and Professional Delease Aggregate Year-to-Date Transaction ID: 20070726-1 Amount of Each Receipt this Period Docupation VP Member Services and Professional Delease Aggregate Year-to-Date Transaction ID: 20070726-1 Amount of Each Receipt this Period Docupation VP Member Services and Professional Delease Aggregate Year-to-Date Transaction ID: 20070726-1 Amount of Each Receipt this Period Docupation Aggregate Year-to-Date Transaction ID: 20070726-1 Amount of Each Receipt this Period Docupation Aggregate Year-to-Date Transaction ID: 20070726-1 Amount of Each Receipt this	<u>/</u> A .	Full Name (Last, First, Middle Initial) Al Annexstad	(AIIII I AC	J)	-
Name of Employer Federated Insurance Companies Receipt For:		P.O. Box 328		•	0 9 0 7 2 0 0 7 Transaction ID: 01b89c2580db64068c1
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) James Balda Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 City Washington DC 20004-2601 Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) James Balda Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 City Washington DC 20004-2601 Aggregate Year-to-Date ▼ Transaction ID: 20070715-1 Amount of Each Receipt this Period 41.67 Aggregate Year-to-Date ▼ Transaction ID: 20070715-1 Amount of Each Receipt this Period 41.67 Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: 20070715-1 Amount of Each Receipt this Period Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: 20070715-1 Amount of Each Receipt this Period Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: 20070726-1 Amount of Each Receipt this Period C 20004-2601 Amount of Each Receipt this Period Primary General Date of Receipt Aggregate Year-to-Date ▼ Primary General Date of Receipt Aggregate Year-to-Date ▼			C		500.00
James Balda Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500		nies Receipt For: Primary General	Chairma	n of the Board, President & 0 e Year-to-Date ▼ 500.00	CEO
City State Zip Code DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) James Balda Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 City State Zip Code Washington FEC ID number of contributing federal political committee. Pans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) James Balda Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 City State Zip Code Transaction ID: 20070726-1 Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Period Name of Employer America's Health Insurance Plans Period Services and Professional Professional Primary General Aggregate Year-to-Date ▼ Primary General Occupation Period Pe	3.	James Balda Mailing Address 601 Pennsylvania Ave I			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Primary General Ge			State	Zip Code	
America's Health Insurance Plans Receipt For: Primary General Other (specify) Other (speci		FEC ID number of contributing		20004-2601	Amount of Each Receipt this Period 41.67
Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Date of Receipt M M M O 7 31 2007 Transaction ID: 20070726-1 Amount of Each Receipt this Period 41.67		America's Health Insurance Plans Receipt For: Primary General	VP Mem	ber Services and Profession e Year-to-Date ▼	al De
Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 City State Zip Code Transaction ID: 20070726-1 Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Aggregate Year-to-Date ▼ 1197.55	- `	,			Date of Receipt
Washington DC 20004-2601 Amount of Each Receipt this Period C	•	Mailing Address 601 Pennsylvania Ave I			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General A1.67 C		•		•	
Plans Receipt For: Primary General Primary Aggregate Year-to-Date 1197.55		FEC ID number of contributing		20004-2001	41.67
Primary General		Plans	VP Mem	ber Services and Profession	al De
		Primary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)			583.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 206 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Balda Mailing Address 601 Pennsylvania Ave South Building, Suite 5 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M D D 20070815-1 Transaction ID: 20070815-1 Amount of Each Receipt this Period 41.67
Full Name (Last, First, Middle Initial) James Balda Mailing Address 601 Pennsylvania Ave South Building, Suite 5 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 20070829-1 Amount of Each Receipt this Period 62.50 al De
Full Name (Last, First, Middle Initial) James Balda Mailing Address 601 Pennsylvania Ave South Building, Suite 5 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M J D D J Z D O 7 Transaction ID: 20070917-1 Amount of Each Receipt this Period 62.50 al De
SUBTOTAL of Receipts This Page (optional)	•	166.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Balda Mailing Address 601 Pennsylvania Ave South Building, Suite 5 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) James Balda Mailing Address 601 Pennsylvania Ave South Building, Suite 5 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General		Date of Receipt 10 15 2007 Transaction ID: 20071011-1 Amount of Each Receipt this Period 62.50
Full Name (Last, First, Middle Initial) James Balda Mailing Address 601 Pennsylvania Ave South Building, Suite 5 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	NW	Date of Receipt 10 31 20071102-1 Amount of Each Receipt this Period 62.50
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	1187.55	187.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 206 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Balda Mailing Address 601 Pennsylvania Ave South Building, Suite 5 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M M
Full Name (Last, First, Middle Initial) James Balda Mailing Address 601 Pennsylvania Ave South Building, Suite 5 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 20071201-1 Amount of Each Receipt this Period 62.50
Full Name (Last, First, Middle Initial) James Balda Mailing Address 601 Pennsylvania Ave South Building, Suite 5 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		187.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 206 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and add	lress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) James Balda Mailing Address 601 Pennsylvania	Ave NW		Date of Receipt
South Building, Su	ite 500 State	Zip Code	1 2 3 1 2 0 0 7 Transaction ID: 280128-1
Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	 	per Services and Professions Year-to-Date ▼ 1187.55	al De
Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania South Bldg Ste 500			Date of Receipt 0 7 1 3 2 0 0 7
City	State	Zip Code	Transaction ID: 20070715-2
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		vice President, Clinical Aff Year-to-Date ▼ 4999.92	
Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
Mailing Address 601 Pennsylvania South Bldg Ste 500			07 31 2007
City	State	Zip Code 20004-2601	Transaction ID: 20070726-2
Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans	 	Vice President, Clinical Aff	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.92]
SUBTOTAL of Receipts This Page (option	al)		479.16

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∆ A .	Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania Ave South Bldg Ste 500	NW State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City Washington	DC	·	Transaction ID: 20070815-2
	FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 208.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		on e Vice President, Clinical Aff e Year-to-Date ▼ 4999.92	
3.	Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania Ave	NW		Date of Receipt
	South Bldg Ste 500 City	State	Zip Code	08 31 2007
	Washington	DC	20004-2601	Transaction ID: 20070829-2 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004-2001	208.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		on e Vice President, Clinical Aff e Year-to-Date ▼ 4999.92	_]
-).	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
, .	Mailing Address 601 Pennsylvania Ave South Bldg Ste 500	NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20070917-2
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		208.33
	Name of Employer America's Health Insurance Plans		e Vice President, Clinical Aff	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4999.92]
	SUBTOTAL of Receipts This Page (optional)			624.99
-	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of			024.33

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania Ave			Date of Receipt
	South Bldg Ste 500 City Washington	State DC	Zip Code 20004-2601	0 9 3 0 2 0 0 7 Transaction ID: 20070928_2_15_22 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		e Vice President, Clinical Aff e Year-to-Date ▼ 4999.92	
3.	Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania Ave	NW		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	South Bldg Ste 500 City	State	Zip Code	Transaction ID: 20071011-2
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 208.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		e Vice President, Clinical Aff e Year-to-Date ▼ 4999.92	
_ ;.	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg Ste 500		7'. 0.1	10 31 2007
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071102-2 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer America's Health Insurance Plans	_	e Vice President, Clinical Aff	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4999.92	
	SUBTOTAL of Receipts This Page (optional)			624.99
	TOTAL This Period (last page this line number of	nnlv)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports at or for commercial purposes, other than using	for each category of the Detailed Summary Pag	(Check drily drie)
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	• •	initee to solicit contributions from such committee.
Americas nealth insurance Plans i	AU (ANIF FAU)	
Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg Ste 500		M M / D D / Y Y Y Y Y Y 1 1 1 1 5 2 0 0 7
City	State Zip Code	Transaction ID: 20071114-2
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼	Occupation Executive Vice President, Clinic Aggregate Year-to-Date 4999.9	1
Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg Ste 500		1 1 3 0 2 0 0 7
City	State Zip Code	Transaction ID: 20071201-2
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President, Clinic	cal Aff
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4999.9	92
Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg Ste 500	Ave NW	M M / D D / Y Y Y Y Y 1 1 2 1 5 2 0 0 7
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071214-2 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President, Clinic	eal Aff
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4999.9	92
SUBTOTAL of Receipts This Page (optional	l)	624.99

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 206 (check only one) X 11a
or for comm	ation copied from such Reports and Sta nercial purposes, other than using the n DF COMMITTEE (In Full) cas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Carmella	ne (Last, First, Middle Initial) a Bocchino Address 601 Pennsylvania Ave N South Bldg Ste 500	NW State DC	Zip Code 20004-2601	Date of Receipt 12 31 2007 Transaction ID: 280128-2
FEC ID federal p	number of contributing political committee. f Employer a's Health Insurance	C		Amount of Each Receipt this Period 208.33
Plans Receipt Pr			e Vice President, Clinical Aff e Year-to-Date ▼ 4999.92]
Robert E	ne (Last, First, Middle Initial) Borchardt Address 601 Pennsylvania Ave N South Bldg, Ste 500	١W		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal p	ngton number of contributing political committee. f Employer	State DC C	Zip Code 20004-2601	Transaction ID: 20070715-3 Amount of Each Receipt this Period 25.00
America <u>Plans</u> Receipt Pr	a's Healfh Insurance	Senior V	ice President Finance & Ope e Year-to-Date ▼ 600.00	rat
Robert E	ne (Last, First, Middle Initial) Borchardt Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		Date of Receipt 0 7 3 1 2 0 0 7
	ngton number of contributing political committee.	State DC	Zip Code 20004-2601	Transaction ID: 20070726-3 Amount of Each Receipt this Period 25.00
Plans Receipt Pr	f Employer a's Health Insurance For: rimary General ther (specify) ▼		n ice President Finance & Ope e Year-to-Date ▼ 600.00	rat
SUBTOTA	AL of Receipts This Page (optional)			258.33

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 15 / 206 (check only one) X 11a 11b 11c 12
	Detailed Summary Page	13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Americas Health Insurance Plans PAC	(AHIP PAC)	
Full Name (Last, First, Middle Initial) Robert Borchardt		Date of Receipt
Mailing Address 601 Pennsylvania Ave I South Bldg, Ste 500	NW	08 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20070815-3
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	7
America's Health Insurance Plans	Senior Vice President Finance & Opera	a <mark>t</mark>
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	600.00	
Other (specify) 🔻	000.00	
Full Name (Last, First, Middle Initial) Robert Borchardt		Date of Receipt
Mailing Address 601 Pennsylvania Ave I South Bldg, Ste 500	VW	08 31 YYYY 2007
City	State Zip Code	Transaction ID: 20070829-3
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President Finance & Operation	-l at
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last First Middle Initial)		Date of Receipt
Full Name (Last, First, Middle Initial) Robert Borchardt		⊣
	\W	09 / 15 / Y Y Y Y Y Y
Robert Borchardt Mailing Address 601 Pennsylvania Ave I	NW State Zip Code	
Robert Borchardt Mailing Address 601 Pennsylvania Ave I South Bldg, Ste 500		09 15 2007
Robert Borchardt Mailing Address 601 Pennsylvania Ave I South Bldg, Ste 500 City	State Zip Code	0 9 1 5 2 0 0 7 Transaction ID: 20070917-3
Robert Borchardt Mailing Address 601 Pennsylvania Ave I South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance	State Zip Code DC 20004-2601 C Occupation	Transaction ID: 20070917-3 Amount of Each Receipt this Period 25.00
Robert Borchardt Mailing Address 601 Pennsylvania Ave I South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans	State Zip Code DC 20004-2601 C Occupation Senior Vice President Finance & Operation	Transaction ID: 20070917-3 Amount of Each Receipt this Period 25.00
Robert Borchardt Mailing Address 601 Pennsylvania Ave I South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance	State Zip Code DC 20004-2601 C Occupation Senior Vice President Finance & Opera Aggregate Year-to-Date	Transaction ID: 20070917-3 Amount of Each Receipt this Period 25.00
Robert Borchardt Mailing Address 601 Pennsylvania Ave I South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	State Zip Code DC 20004-2601 C Occupation Senior Vice President Finance & Operation	Transaction ID: 20070917-3 Amount of Each Receipt this Period 25.00
Robert Borchardt Mailing Address 601 Pennsylvania Ave I South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	State Zip Code DC 20004-2601 C Occupation Senior Vice President Finance & Opera Aggregate Year-to-Date	Transaction ID: 20070917-3 Amount of Each Receipt this Period 25.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
0	any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	C (AHIP PAC	()	
Α.	Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		09 30 2007
	City	State	Zip Code	Transaction ID: 20070928_3_15_22
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ce President Finance & Ope	 erat
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	
— В.	Full Name (Last, First, Middle Initial) Robert Borchardt	1		Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code	Transaction ID: 20071011-3
	FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 25.00
	Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ice President Finance & Ope	 erat
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		600.00	
_ c.	Full Name (Last, First, Middle Initial) Robert Borchardt	1		Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500			10 31 2007
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071102-3 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004 2001	25.00
	Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ice President Finance & Ope	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	
,	SUBTOTAL of Receipts This Page (optional)			75.00
	TOTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∡ .	Full Name (Last, First, Middle Initial) Robert Borchardt Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500			Date of Receipt 1 1 1 5 2 0 0 7
	City	State	Zip Code	Transaction ID: 20071114-3
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 25.00
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		on ice President Finance & Ope e Year-to-Date ▼ 600.00	erat
3.	Full Name (Last, First, Middle Initial) Robert Borchardt Mailing Address 601 Pennsylvania Ave	NW		Date of Receipt
	South Bldg, Ste 500 City	State	Zip Code	11 30 2007
	Washington	DC	20004-2601	Transaction ID: 20071201-3 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer America's Health Insurance Plans	-	ice President Finance & Ope	erat
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
- :.	Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW State	Zip Code	1 2
	Washington	DC	20004-2601	Transaction ID: 20071214-3 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer America's Health Insurance Plans		ice President Finance & Ope	erat
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)			75.00
	TOTAL This Period (last page this line number of			

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pene name and address of any political committee	erson for the purpose of soliciting contributions
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Robert Borchardt	NW.	Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	12 31 2007
City	State Zip Code	Transaction ID: 280128-3
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President Finance & C	perat
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Angela Braly		Date of Receipt
Mailing Address 120 Monument Cir		08 11 2007
City	State Zip Code	Transaction ID: 0baae382e71b0aeac
Indianapolis	IN 46204-4906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer WellPoint, Inc.	Occupation CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Todd Breach		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	10 31 7 2007
City	State Zip Code	Transaction ID: 20071102-4
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer America's Health Insurance Plans	Occupation Director of Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	
		2035.42

A.

В.

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 206 (check only one)		
			X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
Americas Health Insurance Plans PAC (AHIP F		خ)			
Full Name (Last, First, Middle Initial) Todd Breach Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500			Date of Receipt		
			1 1 1 5 2 0 0 7		
City	State	Zip Code	Transaction ID: 20071114-4		
Washington	DC	20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		10.42		
Name of Employer America's Health Insurance Plans	Occupation Director	on of Finance			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼		250.08			
	0 0	0 0 0 0 0 0 0 0			
Full Name (Last, First, Middle Initial) Todd Breach			Date of Receipt		
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		11 30 7 2007		
City	State	Zip Code	Transaction ID: 20071201-4		
Washington	DC	20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		10.42		
Name of Employer America's Health Insurance	Occupation Director	of Finance			
<u>Plans</u> Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General		250.08	1		
Other (specify)	0 0				
Full Name (Last, First, Middle Initial) Todd Breach			Date of Receipt		
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 20071214-4		
Washington	DC	20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		10.42		
Name of Employer America's Health Insurance Plans	Occupation Director	on of Finance			
Receipt For:	Aggregate	e Year-to-Date ▼	. [
Primary General Other (specify) ▼		250.08			
(opconj) 🔻	0 0		1		
SUBTOTAL of Receipts This Page (optional)			31.26		
1 0 (1)			-		

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	m 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Re or for commercial purposes, other the NAME OF COMMITTEE (In Full) Americas Health Insurance	ports and Statements may not be sold or used by any pon using the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Init Todd Breach	al)	Date of Receipt
South Bldg,		12 31 7 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 280128-4 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Director of Finance Aggregate Year-to-Date ▼ 250.08	·
Full Name (Last, First, Middle Init Dianne Bricker Mailing Address 601 Pennsyl	vania Ave Nw	Date of Receipt
South Bldg,		08 31 2007
Washington	DC 20004-2601	Transaction ID: 20070829-5 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Regional Director	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 541.71	
Full Name (Last, First, Middle Init	al)	Date of Receipt
Mailing Address 601 Pennsyl South Bldg,	vania Ave Nw Ste 500	09 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20070917-5
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Regional Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 541.71	1
SUBTOTAL of Receipts This Page	(optional)	93.76

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Dianne Bricker			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e Nw		09 30 YYYY 2007
City	State	Zip Code	Transaction ID: 20070928_5_15_22
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance	Occupation		
Plans	Regional		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 541.71	
Full Name (Last, First, Middle Initial) Dianne Bricker	1		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e Nw		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20071011-5
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Regional		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 541.71	
Full Name (Last, First, Middle Initial) Dianne Bricker			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e Nw		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20071102-5
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Regional		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	541.71]
SUBTOTAL of Receipts This Page (optional) .			125.01

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 206 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	nd Statements may not be sold or used by any per the name and address of any political committee PAC (AHIP PAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dianne Bricker Mailing Address 601 Pennsylvania A South Bldg, Ste 500 City Washington		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼	Occupation Regional Director Aggregate Year-to-Date ▼ 541.71	
Full Name (Last, First, Middle Initial) Dianne Bricker Mailing Address 601 Pennsylvania A South Bldg, Ste 500		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20071201-5
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼	Occupation Regional Director Aggregate Year-to-Date ▼ 541.71	
Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 50	0	1 2 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071214-5
FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Regional Director Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ¥	
SUBTOTAL of Receipts This Page (options	l)(le	125.01

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 206 (check only one) X
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	AC (AHIP PAC	c)	
. ∠ \ .	Full Name (Last, First, Middle Initial) Dianne Bricker			Date of Receipt
	Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e Nw		12 / 31 / 2007
	City	State DC	Zip Code	Transaction ID: 280128-5
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans	Occupation Regional	Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 541.71	
- 3.	Full Name (Last, First, Middle Initial) Elizabeth Brooks			Date of Receipt
	Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW		10 31 2007
	City	State DC	Zip Code	Transaction ID: 20071102-6
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 10.42
	Name of Employer America's Health Insurance Plans	Occupation Project A	n Associate	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.08	1
_	Full Name (Last, First, Middle Initial)	0 0	0 0 0 0 0 0 0 0	
;.	Elizabeth Brooks Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20071114-6
	Washington FEC ID number of contributing	DC	20004-2601	Amount of Each Receipt this Period
	federal political committee.	C		10.42
	Name of Employer America's Health Insurance Plans	_,	Associate	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.08	
Γ	SUBTOTAL of Receipts This Page (optional)	1		62.51

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and addre	ot be sold or used by any perso ss of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)		
Full Name (Last, First, Middle Initial) Elizabeth Brooks			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW		M M / D D / Y Y Y Y Y 1 1 1 3 0 2 0 0 7
City	State	Zip Code	Transaction ID: 20071201-6
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.42
Name of Employer America's Health Insurance	Occupation		7
Plans	Project Ass		_
Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 250.08	
Full Name (Last, First, Middle Initial) Elizabeth Brooks	1		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW		M M / D D / Y Y Y Y Y 1 1 2 1 5 2 0 0 7
City	State	Zip Code	Transaction ID: 20071214-6
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.42
Name of Employer America's Health Insurance Plans	Occupation Project Ass	ociate	
Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 250.08	
Full Name (Last, First, Middle Initial) Elizabeth Brooks			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW		M M / D D / Y Y Y Y Y 1 1 2 0 0 7
City	State	Zip Code	Transaction ID: 280128-6
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.42
Name of Employer America's Health Insurance Plans	Occupation Project Ass	ociate	
Receipt For:	Aggregate Yo	ear-to-Date ▼	
Primary General Other (specify) ▼		250.08	
SUBTOTAL of Receipts This Page (optional) .	<u> </u>		31.26

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 206 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans I	nd Statements may not be sold or used by any person the name and address of any political committee to PAC (AHIP PAC)	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Francie Burkhart Mailing Address 601 Pennsylvania		Date of Receipt 0 7 1 3 2 0 0 7
South Bldg, Ste 50 City Washington FEC ID number of contributing	State Zip Code DC 20004-2601	Transaction ID: 20070715-7 Amount of Each Receipt this Period
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify)	Occupation Director Political Affairs Aggregate Year-to-Date 2374.95	83.33
Full Name (Last, First, Middle Initial) Francie Burkhart Mailing Address 601 Pennsylvania A South Bldg, Ste 50 City Washington		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Director Political Affairs Aggregate Year-to-Date 2374.95	83.33
Full Name (Last, First, Middle Initial) Francie Burkhart Mailing Address 601 Pennsylvania		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
South Bldg, Ste 50 City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	Transaction ID: 20070815-7 Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Director Political Affairs Aggregate Year-to-Date 2374.95	
SUBTOTAL of Receipts This Page (optional		249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	(/iiii 1/io)	
Francie Burkhart		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW	0 8 3 1 2 0 0 7
City	State Zip Code	Transaction ID: 20070829-7
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Healfh Insurance	Occupation	
Plans	Director Political Affairs	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2374.95	
Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20070917-7
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans	Occupation Director Political Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2374.95	
Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW	09 / 00 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20070928_7_15_22
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans	Occupation Director Political Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2374.95	
SUBTOTAL of Receipts This Page (optional)	•	375.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 206 (check only one) X
Any information copied from such Report or for commercial purposes, other than us	s and Statements may not be sold or used by any person sing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt
Mailing Address 601 Pennsylvani South Bldg, Ste		10 15 2007
City	State Zip Code	Transaction ID: 20071011-7
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans	Occupation Director Political Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2374.95	
Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt
Mailing Address 601 Pennsylvani South Bldg, Ste	10 31 2007	
City	State Zip Code	Transaction ID: 20071102-7
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans	Occupation Director Political Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2374.95	
Full Name (Last, First, Middle Initial) Francie Burkhart	I	Date of Receipt
Mailing Address 601 Pennsylvani South Bldg, Ste		1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071114-7
FEC ID number of contributing federal political committee.	C 20004-2001	Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans	Occupation Director Political Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2374.95	
SURTOTAL of Receipts This Page (ont	onal)	375.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	d Statements may not be sold or used by any pers the name and address of any political committee t AC (AHIP PAC)	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Francie Burkhart Mailing Address 601 Pennsylvania A South Bldg, Ste 500 City Washington FEC ID number of contributing		Date of Receipt M M M
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Director Political Affairs Aggregate Year-to-Date 2374.95	
Full Name (Last, First, Middle Initial) Francie Burkhart Mailing Address 601 Pennsylvania A South Bldg, Ste 500		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing federal political committee. Name of Employer	State Zip Code DC 20004-2601 C Occupation	Transaction ID: 20071214-7 Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Director Political Affairs Aggregate Year-to-Date ▼ 2374.95	
Full Name (Last, First, Middle Initial) Francie Burkhart Mailing Address 601 Pennsylvania A South Bldg, Ste 500		Date of Receipt 1 2 3 1 2 0 0 7
City Washington	State Zip Code DC 20004-2601	Transaction ID: 280128-7 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance	Occupation	125.00
America's Health Insurance Plans Receipt For: Primary General Other (specify)	Director Political Affairs Aggregate Year-to-Date ▼ 2374.95	
SUBTOTAL of Receipts This Page (optional)	375.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	C (AHIP PAC	D)	
Α.	Full Name (Last, First, Middle Initial) Winthrop Cashdollar			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		08 08 2007
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: b3f7f80c0dfb97a3f80 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004-2001	1500.00
	Name of Employer America's Health Insurance Plans Receipt For: Primary General		e Director Product Policy e Year-to-Date ▼	
	Other (specify) ▼		1625.00	
В.	Full Name (Last, First, Middle Initial) Christopher Cashman Mailing Address 1901 Market St			Date of Receipt 1 0 1 5 2 0 0 7
	City	State	Zip Code	Transaction ID: c3c76e8eb58b87365c5
	<u>Philadelphia</u>	PA	19103-1475	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Independence Blue Cross	Occupation CEO	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
	Mailing Address 1276 N Wayne St #1223			0 7 1 3 2 0 0 7
	City Arlington	State VA	Zip Code 22201-5857	Transaction ID: 20070715-9 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	22201-3037	62.50
	Name of Employer America's Health Insurance Plans		sident, Marketing and Graph	ic s
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1687.47	
	SUBTOTAL of Receipts This Page (optional)	1		1812.50
	TOTAL This Period (last page this line number		<u> </u>	

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COUEDINE A /EEO E CVV		FOR LINE NUMBER: PAGE 30 / 206
SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any persor	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,	
Americas Health Insurance Plans PAC	(ALIID DAC)	
/	(ANIF PAO)	
Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt
Mailing Address 1276 N Wayne St #1223		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 20070726-9
Arlington	VA 22201-5857	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance Plans	Occupation Vice President, Marketing and Graphic	 C\$
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	1687.47	
Full Name (Last, First, Middle Initial)		
Yvonne Chanatry		Date of Receipt
Mailing Address 1276 N Wayne St #1223		08 15 2007
City	State Zip Code	Transaction ID: 20070815-9
Arlington	VA 22201-5857	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance Plans	Occupation Vice President, Marketing and Graphic	- C\$
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1697 47	
Other (specify) ▼	1687.47	
Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt
Mailing Address 1276 N Wayne St #1223		08 31 7 2007
City	State Zip Code	Transaction ID: 20070829-9
Arlington	VA 22201-5857	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer		⊣
Name of Employer	Occupation	
Name of Employer America's Health Insurance Plans	Occupation Vice President, Marketing and Graphic	C\$
	1 '	C\$
<u>Plans</u>	Vice President, Marketing and Graphic Aggregate Year-to-Date ▼	CS -
Plans Receipt For:	Vice President, Marketing and Graphic	CS -
Plans Receipt For: Primary General	Vice President, Marketing and Graphic Aggregate Year-to-Date ▼	<u>C\$</u>

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC FOITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 206 (check only one) X
Any information copied from such for for commercial purposes, other to NAME OF COMMITTEE (In Fu Americas Health Insurance	han using the name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle In Yvonne Chanatry Mailing Address 1276 N Wa #1223			Date of Receipt 0 9 1 5 2 0 0 7
City Arlington FEC ID number of contributing federal political committee.	State VA	Zip Code 22201-5857	Transaction ID: 20070917-9 Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n sident, Marketing and Graph Year-to-Date ▼ 1687.47	iics
Full Name (Last, First, Middle In Yvonne Chanatry Mailing Address 1276 N Wa #1223 City	yne St State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Arlington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		22201-5857 n sident, Marketing and Graph Year-to-Date ▼ 1687.47	Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle In Yvonne Chanatry Mailing Address 1276 N Wa #1223			Date of Receipt 1 0
City Arlington FEC ID number of contributing federal political committee.	State VA	Zip Code 22201-5857	Transaction ID: 20071011-9 Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n sident, Marketing and Graph Year-to-Date ▼ 1687.47	nics
SUBTOTAL of Receipts This Pag	e (optional))	249.99
TOTAL This Period (last page this	s 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 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 1276 N Wayne St #1223 City Arlington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code VA 22201-5857 C Occupation Vice President, Marketing and Graphi Aggregate Year-to-Date 1687.47	Date of Receipt M M J J J J J J J J J J J J J J J J J
Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 1276 N Wayne St #1223 City Arlington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code VA 22201-5857 C Occupation Vice President, Marketing and Graphi Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 5 / 2 0 0 7 Transaction ID: 20071114-9 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 1276 N Wayne St #1223 City Arlington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code VA 22201-5857 C Occupation Vice President, Marketing and Graphi Aggregate Year-to-Date ▼ 1687.47	Date of Receipt M M M / 30 / 2007 Transaction ID: 20071201-9 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional)	·	249.99

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 206 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using a NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P.	d Statements may not be sold or used by any person the name and address of any political committee to so AC (AHIP PAC)	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 1276 N Wayne St #1223 City	State Zip Code	Date of Receipt 1 2 1 5 2 0 0 7
Arlington FEC ID number of contributing federal political committee.	VA 22201-5857	Transaction ID: 20071214-9 Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Vice President, Marketing and Graphics Aggregate Year-to-Date 1687.47	\$ \$
Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 1276 N Wayne St #1223 City Arlington FEC ID number of contributing	State Zip Code VA 22201-5857	Date of Receipt M M M
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify)	Occupation Vice President, Marketing and Graphics Aggregate Year-to-Date 1687.47	83.33
Full Name (Last, First, Middle Initial) Teresa Chovan Mailing Address 601 Pennsylvania A		Date of Receipt
South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	Transaction ID: c5b14ef4cef7b80547c Amount of Each Receipt this Period 500.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Director, Policy Research Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional))	666.66

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sch for each category Detailed Summa	y of the X 11a 11b 11c 12
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used name and address of any political	l by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	Americas Health Insurance Plans PAC	(AHIP PAC)	
·	Full Name (Last, First, Middle Initial) Lois Cornell		Date of Receipt
	Mailing Address 31 Farm Hill Rd City	State Zip Code	1 2 2 8 2 0 0 7 Transaction ID: 72bb82d31c32f2718
	Natick	MA 01760-5552	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Tufts Health Plan	Occupation Sr VP of HR, General Cou	unsel, Sr. Comp
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
	Full Name (Last, First, Middle Initial) Susan Coronel Mailing Address 601 Pennsylvania Ave	NW	Date of Receipt
	South Bldg, Ste 500		10 22 2007
	City	State Zip Code	Transaction ID: 50b196a1ec6ccdf90
	Washington	DC 20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer America's Health Insurance Plans	Occupation Senior Director, Long-Terr	m Care
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00
	Full Name (Last, First, Middle Initial) Cynthia Cromie		Date of Receipt
	Mailing Address 157 Lancaster St		08 07 7 2007
	City Albany	State Zip Code NY 12210-1903	Transaction ID: ba35bf0d45c5898d0 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Retired	Occupation Retired	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00
Q.	UBTOTAL of Receipts This Page (optional)		1250.00

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COLLEGE A (EEO E OV)	1		FOR LINE NUMBER: PAGE 35 / 206
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the n			on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans PAC ((AHIP PAC)	
Full Name (Last, First, Middle Initial) Thomas Croswell			Date of Receipt
Mailing Address 40 Wyman Rd			12 17 2007
City	State	Zip Code	Transaction ID: 784052f8a2d144c82d3
Lexington	MA	02420-3236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Tufts Health Plan	Occupation Chief Ope	n erating Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ann Curry			Date of Receipt
Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		07 13 7 2007
City	State	Zip Code	Transaction ID: 20070715-10
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Director,	n Federal Affairs	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		666.72	
Full Name (Last, First, Middle Initial) Ann Curry			Date of Receipt
Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		07 31 7 2007
City	State	Zip Code	Transaction ID: 20070726-10
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer America's Health Insurance Plans	Occupation Director,	n Federal Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.72	
SUBTOTAL of Receipts This Page (optional)			583.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 36 / 206 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans PA	C (AHIP PAC	0)	
Full Name (Last, First, Middle Initial) Ann Curry			Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW		08 15 7 9 9 9
City	State	Zip Code	Transaction ID: 20070815-10
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer	Occupatio	n	7
America's Healfh Insurance <u>Plans</u>	Director,	Federal Affairs	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		666.72	
Full Name (Last, First, Middle Initial) Ann Curry			Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW		08 31 2007
City	State	Zip Code	Transaction ID: 20070829-10
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupatio Director,	n Federal Affairs	7
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 666.72	
Full Name (Last, First, Middle Initial) Ann Curry			Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW		09 30 2007
City	State	Zip Code	Transaction ID: 20070928_10_15_2
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		0.00
Name of Employer America's Health Insurance Plans	Occupatio Director,	n Federal Affairs	7
Receipt For:	- '	e Year-to-Date ▼	7
Primary General Other (specify) ▼	33.33410	666.72]
SUBTOTAL of Receipts This Page (optional)			83.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 206 (check only one) X	
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	nd Statements may not be sold or used by any persong the name and address of any political committee to PAC (AHIP PAC)	on for the purpose of soliciting contributions	
Full Name (Last, First, Middle Initial) John Daddis Mailing Address 756 Germantown F	John Daddis		
City <u>Lafayette Hill</u> FEC ID number of contributing	State Zip Code PA 19444-1604 C	1 0 1 5 2 0 0 7 Transaction ID: c6d31e1f38a25486b5 Amount of Each Receipt this Period 250.00	
Name of Employer Independence Blue Cross Receipt For: Primary General Other (specify)	Occupation SVP Operations Aggregate Year-to-Date 250.00]	
Full Name (Last, First, Middle Initial) Gregory Daphnis Mailing Address 601 Pennsylvania South Bldg, Ste 50 City	Date of Receipt M		
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	Occupation Program Manager, Vsd Aggregate Year-to-Date	Amount of Each Receipt this Period 20.83	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Gregory Daphnis Mailing Address 601 Pennsylvania		Date of Receipt 0 7 3 1 2 0 0 7	
South Bldg, Ste 50 City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	Transaction ID: 20070726-11 Amount of Each Receipt this Period 20.83	
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Program Manager, Vsd Aggregate Year-to-Date -499.92		
SUBTOTAL of Receipts This Page (options	al)	291.66	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 206 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	e name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	NW State Zip Code DC 20004-2601 C Occupation Exec Dir - AHIPS Learning Center Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 20070715-12 Amount of Each Receipt this Period 62.50
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Ave	1500.00 NW	Date of Receipt
South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation Exec Dir - AHIPS Learning Center Aggregate Year-to-Date 1500.00	Transaction ID: 20070726-12 Amount of Each Receipt this Period 62.50
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Healfh Insurance	NW State Zip Code DC 20004-2601 C Occupation Exec Dir of AHIPS Learning Center	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 20070815-11 Amount of Each Receipt this Period 62.50
Plans Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 1500.00	187.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	Crieck only one)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and address of any political comm	y person for the purpose of soliciting contributions littee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation Exec Dir of AHIPS Learning Ce Aggregate Year-to-Date	00
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation Exec Dir of AHIPS Learning Ce Aggregate Year-to-Date	
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation Exec Dir of AHIPS Learning Ce Aggregate Year-to-Date	
SUBTOTAL of Receipts This Page (optional) .		187.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans I	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500			10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071011-10 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		62.50
Name of Employer America's Health Insurance Plans Occupation Exec Dir of		n of AHIPS Learning Center	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00]
Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500			10 31 7 2007
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071102-10 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			62.50
Name of Employer America's Health Insurance Plans	Occupation Exec Dir	n of AHIPS Learning Center	
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500			M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071114-10 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1 1 1 1 1 1 1	62.50
Name of Employer America's Health Insurance Plans		of AHIPS Learning Center	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional	al)		187.50

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	and Statements may not be sold or used by any persong the name and address of any political committee to PAC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania South Bldg, Ste 5	Gregory Dean Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500			
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 62.50		
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Exec Dir of AHIPS Learning Center Aggregate Year-to-Date ▼ 1500.00			
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania South Bldg, Ste 5	Gregory Dean Mailing Address 601 Pennsylvania Ave NW			
City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	Transaction ID: 20071214-10 Amount of Each Receipt this Period 62.50		
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Exec Dir of AHIPS Learning Center Aggregate Year-to-Date 1500.00			
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania	Ave NW	Date of Receipt		
South Bldg, Ste 5 City Washington		1 2 3 1 2 0 0 7 Transaction ID: 280128-10 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	62.50		
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Exec Dir of AHIPS Learning Center Aggregate Year-to-Date 1500.00			
SUBTOTAL of Receipts This Page (optic	nal)	187.50		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate for each categ Detailed Sumr	ory of the
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	the name and address of any politic	ed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mary Beth Donahue	7.6 (7.11.11.71.6)	Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500	M M / D D / Y Y Y Y Y Y O N O 8 0 8 0 8 2 0 0 7	
City	State Zip Code	Transaction ID: ccb0e30af4b07a936
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	
America's Health Insurance Plans	Executive VP, Policy &	Operations
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		5000.00
Full Name (Last, First, Middle Initial) Stephanie Dougherty	1	Date of Receipt
Mailing Address 410 W Lombard S Apt 605		10 31 7 9 9 9
City	State Zip Code	Transaction ID: 20071102-11
<u>Baltimore</u>	MD 21201-1625	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.41
Name of Employer America's Health Insurance Plans	Occupation Director, Professional P	rograms
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	249.84
Full Name (Last, First, Middle Initial) Stephanie Dougherty		Date of Receipt
Mailing Address 410 W Lombard S Apt 605		11 15 2007
City	State Zip Code	Transaction ID: 20071114-11
<u>Baltimore</u>	MD 21201-1625	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.41
Name of Employer America's Health Insurance Plans	Occupation Director, Professional P	rograms
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		249.84
		5020.82

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 43 / 206 (check only one) X	
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	ne name and address of any political committee to	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Stephanie Dougherty Mailing Address 410 W Lombard S Apt 605 City Baltimore FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code MD 21201-1625 C Occupation Director, Professional Programs Aggregate Year-to-Date 249.84	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 20071201-11 Amount of Each Receipt this Period 10.41	
Full Name (Last, First, Middle Initial) Stephanie Dougherty Mailing Address 410 W Lombard S Apt 605 City Baltimore FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code MD 21201-1625 C Occupation Director, Professional Programs Aggregate Year-to-Date 249.84	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 20071214-11 Amount of Each Receipt this Period 10.41	
Full Name (Last, First, Middle Initial) Stephanie Dougherty Mailing Address 410 W Lombard S Apt 605 City Baltimore FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code MD 21201-1625 C Occupation Director, Professional Programs Aggregate Year-to-Date 249.84	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	31.23	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
Americas Health Insurance Plans PA	C (AHIP PAC)				
Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Ave	Jill Dowell				
South Bldg, Ste 500	07 13 2007				
City	State Zip Code	Transaction ID: 20070715-14			
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 83.33			
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation VP, Federal Affairs Aggregate Year-to-Date ▼ 1999.92				
Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Ave	Jill Dowell				
South Bldg, Ste 500	07 31 2007				
City	State Zip Code	Transaction ID: 20070726-14			
Washington	DC 20004-2601	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.33			
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affairs				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.92				
Full Name (Last, First, Middle Initial) Jill Dowell		Date of Receipt			
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500		08 15 2007			
City	State Zip Code	Transaction ID: 20070815-13			
Washington	DC 20004-2601	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.33			
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affairs				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	1999.92				
SUBTOTAL of Receipts This Page (optional) .		249.99			
TOTAL This Period (last page this line numbe	·				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>/</u> A .	Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Ave	,		Date of Receipt
	South Bldg, Ste 500			08 31 2007
	City <u>Washington</u>	State DC	Zip Code 20004-2601	Transaction ID: 20070829-13
	FEC ID number of contributing federal political committee.	C	20004-2001	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		eral Affairs e Year-to-Date ▼ 1999.92]
3.	Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Ave	Date of Receipt		
	Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500			09 15 2007
	City	State	Zip Code	Transaction ID: 20070917-12
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans	Occupation VP, Fede	n eral Affairs	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1999.92	
- :.	Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500			09 / 30 / Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070928_13_15_22
	FEC ID number of contributing federal political committee.	C	20004-2001	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans	Occupation VP, Fede	n eral Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1999.92	
	SUBTOTAL of Receipts This Page (optional))	249.99
-	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		······	249.99

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 206 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	r not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P			
Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20071011-12
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance	Occupation VP Fede	ral Affairs	
Plans Receipt For:		Year-to-Date V	\dashv
Primary General Other (specify) ▼	Aggregate	1999.92	
Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			10 31 7 2007
City	State	Zip Code	Transaction ID: 20071102-12
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation VP, Fede	n ral Affairs	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20071114-12
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation VP, Fede	n ral Affairs	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1999.92	
			249.99

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
Americas Health Insurance Plans PA	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Av	NW.	Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	ve invv	11 30 4 2007
City	State Zip Code	Transaction ID: 20071201-12
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Jill Dowell		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500		12 15 2007
City	State Zip Code	Transaction ID: 20071214-12
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affairs	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Jill Dowell		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	ve NW	12 31 7 2007
City	State Zip Code	Transaction ID: 280128-12
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.92	
SUBTOTAL of Receipts This Page (optional)		249.99

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 206 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	C (AHIP PAC	D)	
Α.	Full Name (Last, First, Middle Initial) Paul Eiting	Date of Receipt		
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	08 08 2007		
	City	State	Zip Code	Transaction ID: e428b8b25ecd307808b
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer America's Health Insurance Plans	Occupation Legislativ	n ve/Regulatory Analyst	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Joseph Frick	Date of Receipt		
	Mailing Address 1901 Market St	10 15 7 2007		
	City	State	Zip Code	Transaction ID: 235112d8c408f2889fc
	Philadelphia	PA	19103-1475	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Independence Blue Cross	Occupatio CEO	n	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		2000.00	
C.	Full Name (Last, First, Middle Initial) Jeffrey Gabardi	•		Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500			07 13 2007
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070715-15 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004-2001	125.00
	Name of Employer America's Health Insurance Plans	Occupation Senior V	ice President, State Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		3000.00]
	SUBTOTAL of Receipts This Page (optional)			2375.00
	TOTAL This Period (last page this line number	only)		

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 206 (check only one) X 11a
or for comm	ation copied from such Reports and St hercial purposes, other than using the DF COMMITTEE (In Full) has Health Insurance Plans PAC	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Jeffrey G				Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 20070726-15
	ngton number of contributing solitical committee.	C	20004-2601	Amount of Each Receipt this Period 125.00
Plans Receipt Pr	Employer 's Health Insurance For: imary General her (specify) ▼		ice President, State Affairs Year-to-Date 3000.00	
Full Nam Jeffrey G Mailing A	Address 601 Pennsylvania Ave	NW		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	South Bldg, Ste 500	State	Zip Code	Transaction ID: 20070815-14
<u>Washir</u>	ngton	DC	20004-2601	Amount of Each Receipt this Period
	number of contributing solitical committee.	C		125.00
America <u>Plans</u>	Employer 's Health Insurance		ice President, State Affairs	
	For: imary General her (specify) ♥	Aggregate	e Year-to-Date ▼ 3000.00	
Full Nam Jeffrey G	ne (Last, First, Middle Initial) abardi			Date of Receipt
Mailing A	Address 601 Pennsylvania Ave South Bldg, Ste 500		7'o Codo	0 8 3 1 2 0 0 7 2 0 0 7
City Washir	naton	State DC	Zip Code 20004-2601	Transaction ID: 20070829-14 Amount of Each Receipt this Period
FEC ID	number of contributing olitical committee.	C	1 1 1 1 1 1 1	125.00
<u>Plans</u>	Employer 's Health Insurance	-	ice President, State Affairs	
	For: imary General her (specify) ♥	Aggregate	e Year-to-Date ▼ 3000.00	
SUBTOTA	L of Receipts This Page (optional)			375.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 206 (check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	and Statements may not be sold or used by any persong the name and address of any political committee to PAC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey Gabardi Mailing Address 601 Pennsylvania South Bldg, Ste 5	Ave NW	Date of Receipt M
City <u>Washington</u>	DC 20004-2601	Transaction ID: 20070917-13 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President, State Affairs Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Jeffrey Gabardi Mailing Address 601 Pennsylvania		Date of Receipt
South Bldg, Ste 5	00 State Zip Code	0 9 3 0 2 0 0 7 Transaction ID: 20070928 14 15 22
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 5	00	10 15 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071011-13 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
OUDTOTAL of Descripts This Descripts	nal)	375.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 206 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PAG	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Jeffrey Gabardi Mailing Address 601 Pennsylvania Ave	e NW	Date of Receipt
South Bldg, Ste 500		10 31 2007
City	State Zip Code	Transaction ID: 20071102-13
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3000.00	
Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500		11 1 15 7 2007
City	State Zip Code	Transaction ID: 20071114-13
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affairs	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	3000.00	
Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500		11 30 2007
City	State Zip Code DC 20004-2601	Transaction ID: 20071201-13
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3000.00	
SUBTOTAL of Receipts This Page (optional)		375.00
TOTAL This Period (last page this line number	· ·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 206 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey Gabardi Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	State Zip Code DC 20004-2601 C Occupation Senior Vice President, State Affairs Aggregate Year-to-Date	Date of Receipt 1 2
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jeffrey Gabardi Mailing Address 601 Pennsylvania Ave	3000.00 e NW	Date of Receipt
South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	1 2 3 1 2 0 0 7 Transaction ID: 280128-13 Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify)	Occupation Senior Vice President, State Affairs Aggregate Year-to-Date 3000.00	
Full Name (Last, First, Middle Initial) William Gedwed Mailing Address 9151 Blvd 26		Date of Receipt 1 0 1 6 2 0 0 7
City North Richland Hil FEC ID number of contributing federal political committee.	State Zip Code TX 76180-5605	Transaction ID: ae482c0cd4ec404298t Amount of Each Receipt this Period 5000.00
Name of Employer HealthMarkets	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional) .		5250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) William Haggett Mailing Address 333 Elm Ave City Haddonfield FEC ID number of contributing federal political committee. Name of Employer Independence Blue Cross Receipt For: Primary General Other (specify)		Zip Code 08033-2537 n arketing Executive e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Б.	Full Name (Last, First, Middle Initial) George Halvorson Mailing Address One Kaiser Plaza 27th Fl City Oakland FEC ID number of contributing federal political committee. Name of Employer Kaiser Foundation Health Plan, Inc. an Receipt For: Primary General Other (specify)	State CA C Occupatio CEO Aggregate	Zip Code 94612-3610 In e Year-to-Date ▼ 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) H. E. Hanway Mailing Address One Liberty Place 1650 Market Street City Philadelphia FEC ID number of contributing federal political committee. Name of Employer CIGNA Corp. Receipt For: Primary General Other (specify)	State PA C Occupatio CEO Aggregate	Zip Code 19192-0001 n e Year-to-Date ▼ 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 8f7799605baf1e64852 Amount of Each Receipt this Period 2000.00
	SUBTOTAL of Receipts This Page (optional)			4250.00

Massillon OH 44646 FEC ID number of contributing federal political committee. Name of Employer AutiCare Vice President Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) James Hilbert Mailing Address 10 Presidential Dr City State Zip Code Southborough MA 01772-1100 FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Senior VP and CFO Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Join Hong Mailing Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City Washington DC 20004-2601 FEC ID number of contributing federal political committee. C Date of Receipt Times Period Date of Receipt No. 2000.00 Transaction ID: 20070715-18 Amount of Each Receipt this Period Date of Receipt No. 2000.00 Date of Receipt No. 2000.00 Date of Receipt No. 2000.00 Transaction ID: 20070715-18 Amount of Each Receipt this Period Date of Receipt No. 2000.00 Date of Receipt No. 2000.00 Date of Receipt No. 2000.00 Transaction ID: 20070715-18 Amount of Each Receipt Times No. 2000.00 Date of Receipt No. 20	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Full Name (Last, First, Middle Initial) Frank Hayden Malling Address 8337 Audubon Street, NW City Massillon OH 44646 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) James Hilbert Malling Address 10 Presidential Dr City State Zip Code MA 01772-1100 FEC ID number of contributing federal political committee. Name of Employer Audicare Vice President Aggregate Veer-to-Date ▼ Transaction ID: 44fd494fa2d51b26e Amount of Each Receipt this Period FULL Name (Last, First, Middle Initial) James Hilbert Malling Address 10 Presidential Dr City State Zip Code MA 01772-1100 FEC ID number of contributing federal political committee. Name of Employer Transaction ID: 44fd494fa2d51b26e Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Join Hong Malling Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City State Zip Code Washington Full Name (Last, First, Middle Initial) Join Hong Malling Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City State Zip Code Washington Full Name (Last, First, Middle Initial) Join Hong Malling Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City State Zip Code Washington Full Name (Last, First, Middle Initial) Join Hong Malling Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Transaction ID: 20070715-18 Amount of Each Receipt Hills Park Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Transaction ID: 20070715-18 Amount of Each Receipt Hi	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Receipt For:	Full Name (Last, First, Middle Initial) Frank Hayden Mailing Address 8337 Audubon Street, City Massillon FEC ID number of contributing federal political committee.	NW State Zip Code OH 44646	Transaction ID: 530f18b73c3e971121a Amount of Each Receipt this Period
James Hilbert Mailing Address 10 Presidential Dr City State Zip Code Southborough MA 01772-1100 FEC ID number of contributing federal political committee. Name of Employer Turtis Health Plan Senior VP and CFO Receipt For: Primary General Other (specify) ▼ South Bldg, Ste 500 City State Zip Code MA 01772-1100 Cocupation Senior VP and CFO Aggregate Year-to-Date ▼ Date of Receipt this Period Date of Receipt ID: Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 20070715-18 Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington Dc 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Year-to-Date ▼ Year-to-Date Ye	Receipt For: Primary General Other (specify) ▼	Vice President Aggregate Year-to-Date ▼ 250.00	
Southborough MA 01772-1100 FEC ID number of contributing federal political committee. Name of Employer Turtis Health Plan Receipt For: Primary	James Hilbert		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Tufts Health Plan Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joni Hong Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Occupation Senior Associate Counsel, Special Pro Aggregate Year-to-Date ▼	•	·	Transaction ID: 44fd494fa2d51b26e9c
Receipt For:	FEC ID number of contributing	0 0 0 0 0	
Receipt For:	Name of Employer Tufts Health Plan		
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Date of Receipt M M M O 7 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General	Aggregate Year-to-Date ▼	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 770.83	,	L	Date of Receipt
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Occupation Senior Associate Counsel, Special Proj Aggregate Year-to-Date ▼ 1770.83	Mailing Address 601 Pennsylvania Ave	NW	M ' M / D ' D / Y ' Y ' Y ' Y
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Aggregate Year-to-Date 499.92 770.83	•	•	
America's Health Insurance Plans Senior Associate Counsel, Special Proj Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 499.92	FEC ID number of contributing		
Other (specify) 499.92	Plans Receipt For:	Senior Associate Counsel, Special Pr	roj
SUBTOTAL of Receipts This Page (optional)		499.92	
SSET OT THE OTT TO SO (Option Car)	SUBTOTAL of Receipts This Page (optional)		770.83

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 206 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and addre	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joni Hong	,		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW		07 31 7 2007
City	State DC	Zip Code	Transaction ID: 20070726-18
Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		sociate Counsel, Special P /ear-to-Date ▼ 499.92	roj
Full Name (Last, First, Middle Initial) Joni Hong Mailing Address 601 Pennsylvania Ave	e NW		Date of Receipt
South Bldg, Ste 500	State	Zip Code	0 8 1 5 2 0 0 7 Transaction ID: 20070815-17
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	_ '	sociate Counsel, Special P	roj
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 499.92]
Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500			08 / 31 / Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070829-17 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000+2001	20.83
Name of Employer America's Health Insurance Plans	Occupation Senior Ass	sociate Counsel, Special P	roj
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 499.92	
SUBTOTAL of Receipts This Page (optional)			62.49

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports an	nd Statements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 56 / 206 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)		•	solicit contributions from such committee.
Americas Health Insurance Plans P	PAC (AHIP PAC	()	
Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			09 15 2007
City	State	Zip Code	Transaction ID: 20070917-16
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans Receipt For:	- 1 '	ssociate Counsel, Special Pr	roj
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.92	
Full Name (Last, First, Middle Initial) Joni Hong	•		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			09 30 2007
City	State	Zip Code	Transaction ID: 20070928_17_15_22
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation Senior As	ⁿ ssociate Counsel, Special Pr	roj
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		499.92	
Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500	Ave NW)		10 15 2007
City <u>Washington</u>	State DC	Zip Code 20004-2601	Transaction ID: 20071011-16 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation Senior As	n ssociate Counsel, Special Pr	oj
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 499.92	
SUBTOTAL of Receipts This Page (optional	l)		62.49

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 206 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and address of any political committe	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
,	C (ANIF PAC)	
Full Name (Last, First, Middle Initial) Joni Hong		Date of Receipt
Mailing Address 601 Pennsylvania Avo South Bldg, Ste 500	e NW	10 31 2007
City	State Zip Code	Transaction ID: 20071102-16
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.83
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel, Specia	ıl Proj
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	499.92	
Full Name (Last, First, Middle Initial) Joni Hong		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	1 1 1 5 2 0 0 7
City	State Zip Code	Transaction ID: 20071114-16
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel, Specia	ıl Proj
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	499.92	
Full Name (Last, First, Middle Initial) Joni Hong		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20071201-16
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel, Specia	ıl Proj
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	
		62.49

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for co	rmation copied from such Reports and Sta mmercial purposes, other than using the r E OF COMMITTEE (In Full) pricas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. Joni I Mailir City Was FEC feder Name Amer Plans	601 Pennsylvania Ave N South Bldg, Ste 500 Shington ID number of contributing al political committee. e of Employer ica's Health Insurance	State DC C Occupation Senior As	Zip Code 20004-2601 n ssociate Counsel, Special Pr	Date of Receipt M M M
Joni H Mailir City	Other (specify) Jame (Last, First, Middle Initial) Hong ng Address 601 Pennsylvania Ave N South Bldg, Ste 500	NW State DC	Zip Code 20004-2601	Date of Receipt M M M
feder Name Amei Plans	ID number of contributing al political committee. e of Employer cica's Health Insurance sipt For: Primary General Other (specify)		n ssociate Counsel, Special Pr e Year-to-Date ▼ 499.92	20.83
City Grau	Iame (Last, First, Middle Initial) Hopkins Ing Address 2775 Crossroads Blvd Ind Junction ID number of contributing al political committee.	State CO	Zip Code 81506-8712	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 0 6 2 0 0 7 Transaction ID: 8232f525a0e02902fdf Amount of Each Receipt this Period 2000.00
ns	e of Employer y Mountain Health Pla- ipt For: Primary General Other (specify)	Occupation CEO Aggregate	e Year-to-Date ▼ 2000.00	
SUBTO	TAL of Receipts This Page (optional)			2041.66

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 206 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and addr	not be sold or used by any perso ess of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial) Donna Horoschak			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20070715-19
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance	Occupation		
<u>Plans</u>		dent, Product Polcy	
Receipt For:	Aggregate `	Year-to-Date ▼	_
Primary General Other (specify) ▼		1999.92	
Full Name (Last, First, Middle Initial) Donna Horoschak	l		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			07 31 7 2007
City	State	Zip Code	Transaction ID: 20070726-19
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Presi	dent, Product Polcy	
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1999.92]
Full Name (Last, First, Middle Initial) Donna Horoschak			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			08 15 2007
City	State	Zip Code	Transaction ID: 20070815-18
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Presi	dent, Product Polcy	7
Receipt For:	Aggregate `	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1999.92	
SUBTOTAL of Receipts This Page (optiona			249.99

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
	Americas Health Insurance Flans PAC	(ANIP PAC)	
	Full Name (Last, First, Middle Initial) Donna Horoschak Mailing Address 601 Pennsylvania Ave	NIM	Date of Receipt
	South Bldg, Ste 500	INVV	08 31 2007
	City	State Zip Code	Transaction ID: 20070829-18
	Washington	DC 20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer America's Health Insurance	Occupation Vice President, Product Polcy	
	Plans Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	1999.92	
	Full Name (Last, First, Middle Initial) Donna Horoschak		Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW	09 15 2007
	City	State Zip Code	Transaction ID: 20070917-17
	Washington	DC 20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer America's Health Insurance Plans	Occupation Vice President, Product Polcy	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	1999.92	
_	Full Name (Last, First, Middle Initial) Donna Horoschak		Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW	09 / 30 / 2007
	City	State Zip Code	Transaction ID: 20070928_18_15_22
	Washington	DC 20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer America's Health Insurance Plans	Occupation Vice President, Product Polcy	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	1999.92	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>	249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PA	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Donna Horoschak Mailing Address 601 Pennsylvania Av	re NW	Date of Receipt
South Bldg, Ste 500		10 15 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071011-17 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 25004 2501	83.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Product Polcy Aggregate Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Donna Horoschak	NIW	Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	10 31 2007
City	State Zip Code	Transaction ID: 20071102-17
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Product Polcy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Donna Horoschak		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	re NW	M M / D D / Y Y Y Y Y Y 1 1 1 5 2 0 0 7
City	State Zip Code	Transaction ID: 20071114-17
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Product Polcy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.92	
SUBTOTAL of Receipts This Page (optional)		249.99
TOTAL This Period (last page this line numb	·	

Any information copied from such Reports and Statements may not be sold or used by any or for commercial purposes, other than using the name and address of any political committed. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Donna Horoschak Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	Date of Receipt Date of Receipt Date of Rec
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Donna Horoschak Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Name of Employer America's Health Insurance Plans Receipt For: Primary General Occupation Vice President, Product Polcy Aggregate Year-to-Date ▼ Cacupation Vice President, Product Polcy Aggregate Year-to-Date ▼	Transaction ID: 20071201-17 Amount of Each Receipt this Period 83.33 Date of Receipt M M / D D / Y Y Y Y Y
City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Donna Horoschak Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Name of Employer America's Health Insurance Plans Receipt For: Primary General	Transaction ID: 20071201-17 Amount of Each Receipt this Period 83.33 Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Donna Horoschak Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Occupation Vice President, Product Polcy C Aggregate Year-to-Date ▼ Occupation Vice President, Product Polcy Aggregate Year-to-Date ▼	Date of Receipt
Plans Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Donna Horoschak Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	Date of Receipt
Donna Horoschak Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Occupation Vice President, Product Polcy Aggregate Year-to-Date ▼	M M / D D / Y Y Y Y
City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General State Zip Code C 20004-2601 C C C C C C C C C C	1 10 1 15 1 0007 1
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General C Occupation Vice President, Product Polcy Aggregate Year-to-Date	1 2 1 5 2 0 0 7 Transaction ID: 20071214-17
America's Health Insurance Plans Receipt For: Primary Aggregate Year-to-Date Vice President, Product Polcy Aggregate Year-to-Date	Amount of Each Receipt this Period 83.33
1000 00	
Other (specify) Full Name (Last, First, Middle Initial)	
Donna Horoschak Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500	Date of Receipt 1 2 3 1 2 0 0 7
City State Zip Code	Transaction ID: 280128-17
Washington DC 20004-2601 FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Occupation Vice President, Product Polcy	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 1999.92	
SUBTOTAL of Receipts This Page (optional)	249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 206 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and	Statements ma	, ,	n for the purpose of soliciting contributions
or for commercial purposes, other than using the	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans PA	AC (AHIP PAC	0)	
Full Name (Last, First, Middle Initial) Karen Ignagni			Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW		12 14 2007
City	State	Zip Code	Transaction ID: 5f95ed3759906b4fac
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer	Occupatio	n	
America's Healfh Insurance Plans	Presiden	t and CEO	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		5000.00	1
Other (specify)		5000.00	
Full Name (Last, First, Middle Initial) Alethia Jackson	•		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW		09 07 2007
City	State	Zip Code	Transaction ID: 190371b38ccf029de
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer America's Health Insurance Plans	Occupatio Executive	n e Director	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00]
Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW		0 7 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20070715-20
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer America's Health Insurance	Occupatio		
Plans Receipt For:		of Policy Development	\dashv
Primary General	Aggregate	e Year-to-Date ▼	-
Other (specify)		813.36	
	<u> </u>		5530.00
SUBTOTAL of Receipts This Page (optional)			

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 206 (check only one) X
or for c	ormation copied from such Reports and St ommercial purposes, other than using the ME OF COMMITTEE (In Full) ericas Health Insurance Plans PAC	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Scot	Name (Last, First, Middle Initial) tt Keefer ing Address 601 Pennsylvania Ave			Date of Receipt
	South Bldg, Ste 500	INVV		07 31 2007
City		State	Zip Code	Transaction ID: 20070726-20
	shington	DC	20004-2601	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		30.00
	ne of Employer erica's Health Insurance	Occupatio	n of Policy Development	
<u>Plar</u> Rec	eipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	813.36	
	Name (Last, First, Middle Initial) tt Keefer			Date of Receipt
Mail	ing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		08 15 YYYY 2007
City		State	Zip Code	Transaction ID: 20070815-19
	shington	DC	20004-2601	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		30.00
Nam Ame Plar	ne of Employer erica's Health Insurance	Occupation Director	n of Policy Development	
	eipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		813.36]
	Name (Last, First, Middle Initial) tt Keefer			Date of Receipt
Mail	ing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 20070829-19
<u>Wa</u>	shington	DC	20004-2601	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		30.00
Nan Ame Plar	ne of Employer erica's Health Insurance ns	Occupatio Director	n of Policy Development	
	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 813.36	
	OTAL of Receipts This Page (optional)	<u> </u>		90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate for each cate Detailed Sun		FOR LINE NUMBER: PAGE 65 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 16
A or	ny information copied from such Reports and S for commercial purposes, other than using the	atements may not be sold or uname and address of any poli	used by any person tical committee to s	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC)		
_	Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500			09 15 7 2007
	City	State Zip Code		Transaction ID: 20070917-18
	Washington	DC 20004-260)1	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer America's Health Insurance Plans	Occupation Director of Policy Deve	elopment	
	Receipt For:	Aggregate Year-to-Date	•	1
	Primary General Other (specify) ▼		813.36	
	Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500			09 / 30 / 4 2007
	City	State Zip Code		Transaction ID: 20070928_19_15_22
	Washington	DC 20004-260)1	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance	Occupation		1
	Plans	Director of Policy Deve	•	4
	Receipt For: Primary General	Aggregate Year-to-Date		
	Other (specify) ▼		813.36	
	Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code		Transaction ID: 20071011-18
	Washington	DC 20004-260)1	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance	Occupation]
	<u>Plans</u>	Director of Policy Deve	•	-
	Receipt For: Primary General	Aggregate Year-to-Date	·	
	Other (specify)		813.36	
Г				125.01

FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Scott Keefer Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip C	Date of Receipt Date of Receipt
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip C Washington DC 2000 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Scott Keefer Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip C Washington DC 2000 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Occupation Director of Policy Aggregate Year-to-E Occupation DC 2000 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Transaction ID: 20071102-19 Amount of Each Receipt this Period Development ate ▼ 813.36 Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington DC 2000 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Scott Keefer Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Occupation DC 2000 City State Zip Committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)	Transaction ID: 20071102-19 Amount of Each Receipt this Period 41.67 Development Pate ▼ 813.36 Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Scott Keefer Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Occupation DC 2000 C C Aggregate Year-to-E Aggregate Year-to-E Aggregate Year-to-E Aggregate Year-to-E Aggregate Year-to-E Primary General Other (specify) Full Name (Last, First, Middle Initial)	Development 2007 2007 300
Plans Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Scott Keefer Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip C Washington DC 2000 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Date of Receipt M
Scott Keefer Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip C Washington DC 2000 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Transaction ID: 20071114-19 Amount of Each Receipt this Period
City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Transaction ID: 20071114-19 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	
federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	A1 G7
America's Health Insurance Plans Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Director of Policy Aggregate Year-to-E	41.07
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Aggregate Year-to-E	Development
	eate ▼ 813.36
OCOLL NEEDE	Date of Receipt
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500	1 1
City State Zip C Washington DC 2000	ode Transaction ID: 20071201-19 44-2601 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	41.67
Name of Employer America's Health Insurance Plans Occupation Director of Policy	Development
Receipt For: Primary General Other (specify)	ate ▼ 813.36
SUBTOTAL of Receipts This Page (optional)	125.01

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 206 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC	•)	
Full Name (Last, First, Middle Initial) Scott Keefer Mailing Address 601 Pennsylvania Ave	a NIW		Date of Receipt
South Bldg, Ste 500			12 15 2007
City	State	Zip Code	Transaction ID: 20071214-19
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans		of Policy Development	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 813.36]
Full Name (Last, First, Middle Initial) Scott Keefer	!		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500			12 31 7 2007
City	State DC	Zip Code	Transaction ID: 280128-19
Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Director	n of Policy Development	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 813.36	
Full Name (Last, First, Middle Initial) Chad Kibler			Date of Receipt
Mailing Address 5645 Alcorn Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2cbb3c6e2d7da0961
Louisville	OH	44641	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer AultCare		ernment Health Plans	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			333.34

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Laurie Kuiper		Date of Receipt
Mailing Address 601 Pennsylvania Av Ste 500	e NW	08 21 2007
City	State Zip Code	Transaction ID: b456b3c4ebc41b40d
Washington FEC ID number of contributing	DC 20004-2601	Amount of Each Receipt this Period 500.00
federal political committee.		
Name of Employer America's Health Insurance Plans	Occupation Regional Director, State Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Tony Lamb		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	10 31 2007
City	State Zip Code	Transaction ID: 20071102-20
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 10.42
Name of Employer America's Health Insurance Plans	Occupation Director, Political Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	
Full Name (Last, First, Middle Initial) Tony Lamb		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	M M / D D / Y Y Y Y Y Y 1 Y 1 T 1 T 1 T 1 T 1 T 1 T
City	State Zip Code	Transaction ID: 20071114-20
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer America's Health Insurance Plans	Occupation Director, Political Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	
		520.84

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 206 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tony Lamb			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500 City		Zip Code	1 1 3 0 2 0 0 7 Transaction ID: 20071201-20
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.42
Name of Employer America's Health Insurance Plans	Occupation Director,	n Political Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.08	
Full Name (Last, First, Middle Initial) Tony Lamb Mailing Address 601 Pennsylvania A	Ave NW		Date of Receipt
South Bldg, Ste 500			12 15 2007
City	State	Zip Code	Transaction ID: 20071214-20
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.42
Name of Employer America's Health Insurance Plans	Occupation Director,	n Political Affairs	
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼	0 0	250.08	
Full Name (Last, First, Middle Initial) Tony Lamb			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500	0		12 31 2007
City	State DC	Zip Code	Transaction ID: 280128-20
Washington FEC ID number of contributing	C	20004-2601	Amount of Each Receipt this Period 10.42
federal political committee. Name of Employer America's Health Insurance	Occupation	1	
<u>Plans</u>		Political Affairs	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.08	
	l		31.26

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements mand and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC	()	
<u>_</u>	Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
	Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW		07 13 2007
	City	State	Zip Code	Transaction ID: 20070715-22
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer America's Health Insurance Plans	Occupatio Senior V	n ice President, Clinical Affair	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		795.03	
_	Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
	Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW		07 31 YYYYY
	City	State	Zip Code	Transaction ID: 20070726-22
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer America's Health Insurance Plans	Occupatio Senior V	n ice President, Clinical Affair	7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	795.03	
_	Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
	Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW		08 15 YYYY 2007
	City	State	Zip Code	Transaction ID: 20070815-21
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.00
	Name of Employer America's Health Insurance Plans		ice President, Clinical Affair	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		795.03	
	SUBTOTAL of Receipts This Page (optional)			84.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<u>∠</u> A .	Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Ave	`		Date of Receipt
	South Bldg, Ste 500 City Washington	State DC	Zip Code	0 8 3 1 2 0 0 7 Transaction ID: 20070829-21
	FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		on Fice President, Clinical Affair e Year-to-Date ▼ 795.03	
3.	Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Ave	NW		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	South Bldg, Ste 500 City	State	Zip Code	Transaction ID: 20070917-20
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		in ice President, Clinical Affair e Year-to-Date ▼ 795.03	1
	Full Name (Last, First, Middle Initial)	0 0	0 0 0 0 0 0 0 0	1
) .	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070928_21_15_22
	FEC ID number of contributing federal political committee.	C	20004-2001	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans	-	ice President, Clinical Affair	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 795.03	
	SUBTOTAL of Receipts This Page (optional)			125.01
\[\[\]	TOTAL This Period (last page this line number of	only)		

Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500	and address of any political committee to s	Date of Receipt Date of Receipt
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500	DC 20004-2601 Coupation enior Vice President, Clinical Affair ggregate Year-to-Date ▼	Transaction ID: 20071011-20 Amount of Each Receipt this Period
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500	DC 20004-2601 Coupation enior Vice President, Clinical Affair ggregate Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500	ccupation enior Vice President, Clinical Affair ggregate Year-to-Date ▼	
Plans Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500	enior Vice President, Clinical Affair ggregate Year-to-Date ▼	- -
Barbara Lardy Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500	100.00	
		Date of Receipt
City	Oleta Zin Oleta	10 31 2007
Washington I	State Zip Code DC 20004-2601	Transaction ID: 20071102-21
FEO ID annula and annulation for	20004-2001	Amount of Each Receipt this Period 41.67
America's Healfh Insurance Plans Se	ecupation enior Vice President, Clinical Affair	<u>-</u>
Receipt For: Primary General Other (specify)	ggregate Year-to-Date ▼ 795.03	
Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City	State Zip Code	1 1 1 5 2007 11 1 1 2 2007
•	DC 20004-2601	Transaction ID: 20071114-21 Amount of Each Receipt this Period
FFO ID south to a few table for		41.67
America's Health Insurance Plans Se	ecupation enior Vice President, Clinical Affair]
Receipt For: Primary General Other (specify) ▼	ggregate Year-to-Date ▼ 795.03	
SUBTOTAL of Receipts This Page (optional)		125.01

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 206 (check only one) X
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC	;)	
۷.	Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW		11 30 2007
	City	State	Zip Code	Transaction ID: 20071201-21
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ce President, Clinical Affair	7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	795.03	
_ 3.	Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	12 15 / Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 20071214-21
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ce President, Clinical Affair	
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼		795.03	
. –	Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	12 31 2007		
	City	State	Zip Code	Transaction ID: 280128-21
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ce President, Clinical Affair	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		795.03	
Г		1		1

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	TM 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16	
Any information copied from such Re or for commercial purposes, other the NAME OF COMMITTEE (In Full)	eports and Statements may not be sold or used by any personan using the name and address of any political committee to	on for the purpose of soliciting contributions	
Americas Health Insurance	Plans PAC (AHIP PAC)		
Full Name (Last, First, Middle Init Larry Larson	al)	Date of Receipt	
South Bldg,		07 13 7 2007	
City	State Zip Code	Transaction ID: 20070715-23	
Washington	DC 20004-2601	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20.83	
Name of Employer America's Health Insurance Plans	Occupation Director of Operations and Claims		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	499.92		
Full Name (Last, First, Middle Init Larry Larson	ial)	Date of Receipt	
Mailing Address 601 Pennsyl South Bldg,	0 7 3 1 2 0 0 7 Transaction ID: 20070726-23		
City			
Washington	DC 20004-2601	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20.83	
Name of Employer America's Health Insurance	Occupation		
<u>Plans</u> Receipt For:	Director of Operations and Claims	_	
Primary General	Aggregate Year-to-Date ▼	1	
Other (specify)	499.92		
Full Name (Last, First, Middle Init Larry Larson	ial)	Date of Receipt	
Mailing Address 601 Pennsyl South Bldg,	0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: 20070815-22	
Washington	DC 20004-2601	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20.83	
Name of Employer America's Health Insurance	Occupation		
<u>Plans</u> Receipt For:	Director of Operations and Claims	\dashv	
Primary General	Aggregate Year-to-Date ▼	1	
Other (specify)	499.92		
		62.49	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC)			
Full Name (Last, First, Middle Initial) Larry Larson Mailing Address 601 Pennsylvania Avo	e NW	Date of Receipt		
South Bldg, Ste 500		08 31 2007		
City	State Zip Code	Transaction ID: 20070829-22		
Washington	DC 20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	20.83		
Name of Employer America's Health Insurance Plans	Occupation Director of Operations and Claims			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	499.92			
Full Name (Last, First, Middle Initial) Larry Larson	1	Date of Receipt		
Mailing Address 601 Pennsylvania Avo South Bldg, Ste 500	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	·			
Washington	DC 20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	20.83		
Name of Employer America's Health Insurance Plans	Occupation Director of Operations and Claims			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92			
Full Name (Last, First, Middle Initial) Larry Larson		Date of Receipt		
South Bldg, Ste 500	Mailing Address 601 Pennsylvania Ave NW			
City	State Zip Code	Transaction ID: 20070928_22_15_22		
Washington	DC 20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	20.83		
Name of Employer America's Health Insurance Plans	Occupation Director of Operations and Claims			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	499.92			
SUBTOTAL of Receipts This Page (optional)		62.49		
TOTAL This Period (last page this line number	·			

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 206 (check only one) X 11a
or for	nformation copied from such Reports and Strommercial purposes, other than using the AME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
M. <u>La</u>	ull Name (Last, First, Middle Initial) arry Larson lailing Address 601 Pennsylvania Ave I South Bldg, Ste 500 lity	NW State	Zip Code	Date of Receipt M
<u>V</u> FI	Vashington EC ID number of contributing deral political committee.	DC C	20004-2601	Amount of Each Receipt this Period 20.83
<u>P</u>	ame of Employer merica's Health Insurance lans eceipt For: Primary Other (specify) ▼	_	of Operations and Claims e Year-to-Date 499.92	
6. <u>L</u> a	ull Name (Last, First, Middle Initial) arry Larson ailing Address 601 Pennsylvania Ave I South Bldg, Ste 500	NW		Date of Receipt 10 31 2007
<u>V</u> FI	ity Vashington EC ID number of contributing deral political committee.	State DC	Zip Code 20004-2601	Transaction ID: 20071102-22 Amount of Each Receipt this Period 20.83
А <u>Р</u>	ame of Employer merica's Health Insurance lans eceipt For: Primary General Other (specify) ▼	-	of Operations and Claims e Year-to-Date ▼ 499.92	
. <u>L</u> a	ull Name (Last, First, Middle Initial) arry Larson ailing Address 601 Pennsylvania Ave I	NW		Date of Receipt
	South Bldg, Ste 500 ity Vashington	State DC	Zip Code 20004-2601	1 1 1 5 2 0 0 7 Transaction ID: 20071114-22 Amount of Each Receipt this Period
fe	EC ID number of contributing deral political committee.	Occupation	n	20.83
<u>P</u>	ame of Employer merica's Health Insurance lans eceipt For: Primary General Other (specify) ▼	Director	of Operations and Claims e Year-to-Date ▼ 499.92	
SUE	TOTAL of Receipts This Page (optional)			62.49

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 206 (check only one) X
A	ny information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Larry Larson Mailing Address 601 Pennsylvania Ave	`	,	Date of Receipt
	South Bldg, Ste 500 City	State	Zip Code	1 1 3 0 2 0 0 7 Transaction ID: 20071201-22
	<u>Washington</u>	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	. '	of Operations and Claims Year-to-Date ▼ 499.92]
- s.	Full Name (Last, First, Middle Initial) Larry Larson Mailing Address CO1 Departments Aven	NIA/		Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	12 15 2007		
	City	State	Zip Code	Transaction ID: 20071214-22
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 20.83
	Name of Employer America's Health Insurance Plans	Occupation Director of	n of Operations and Claims	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.92]
_	Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500			12 31 2007
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 280128-22 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000-2001	20.83
	Name of Employer America's Health Insurance Plans		of Operations and Claims	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.92	
	SUBTOTAL of Receipts This Page (optional)			62.49

SCHEDUL	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 206 (check only one) X
or for commercia	copied from such Reports and St al purposes, other than using the DMMITTEE (In Full) Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (La Jeff Lemieux Mailing Addre	ess 601 Pennsylvania Ave South Bldg, Ste 500	NW State	Zip Code	Date of Receipt M M
Washington	per of contributing	DC C	20004-2601	Amount of Each Receipt this Period 125.00
Plans Receipt For: Primary	oloyer salfh Insurance General specify)	 	n hter for Health Policy & Rese e Year-to-Date ▼ 3000.00	ar
Full Name (La Jeff Lemieux Mailing Addre	ast, First, Middle Initial) ess 601 Pennsylvania Ave South Bldg, Ste 500	NW		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID numb federal politic	per of contributing	State DC	Zip Code 20004-2601	Transaction ID: 20070726-24 Amount of Each Receipt this Period 125.00
Plans Receipt For: Primary	ealfh Insurance	<u> </u>	n hter for Health Policy & Rese e Year-to-Date ▼ 3000.00	ar
Full Name (La Jeff Lemieux Mailing Addre	ast, First, Middle Initial)	NW		Date of Receipt
City Washington	South Bldg, Ste 500	State DC	Zip Code 20004-2601	0 8
federal politic		C	2	125.00
Plans Receipt For: Primary	oloyer calfh Insurance General specify) ▼	Svp, Cer	nter for Health Policy & Rese e Year-to-Date ▼ 3000.00	ar
SUBTOTAL of	Receipts This Page (optional)			375.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 206 (check only one) X
or for commerci	copied from such Reports and St al purposes, other than using the OMMITTEE (In Full) Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Mailing Addr	South Bldg, Ste 500	State	Zip Code	Date of Receipt M M D D 2 0 0 7
federal politic	ber of contributing cal committee.	C	20004-2601	Amount of Each Receipt this Period 125.00
Plans Receipt For: Primar	ployer ealth Insurance y General (specify) ▼	 	n hter for Health Policy & Rese e Year-to-Date ▼ 3000.00	ar
Full Name (L Jeff Lemieux Mailing Addr	ess 601 Pennsylvania Ave South Bldg, Ste 500	NW		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	<u> </u>	State DC	Zip Code 20004-2601	Transaction ID: 20070917-22 Amount of Each Receipt this Period 125.00
Plans Receipt For: Primar	ealfh Insurance	<u> </u>	n hter for Health Policy & Rese e Year-to-Date ▼ 3000.00	ar
Full Name (L Jeff Lemieux Mailing Addr	ast, First, Middle Initial) ess 601 Pennsylvania Ave	NW		Date of Receipt
City Washingto	South Bldg, Ste 500	State DC	Zip Code 20004-2601	0 9 3 0 2 0 0 7
federal politic	ber of contributing cal committee.	C		125.00
Plans Receipt For: Primar	ployer ealth Insurance y General (specify) ▼		n hter for Health Policy & Rese e Year-to-Date ▼ 3000.00	ar]
SUBTOTAL of	Receipts This Page (optional)			375.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 206 (check only one) X		
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	ng the name and addr	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Jeff Lemieux Mailing Address 601 Pennsylvania	Ave NW		Date of Receipt		
South Bldg, Ste 5 City Washington		Zip Code 20004-2601	1 0 1 5 2 0 0 7 Transaction ID: 20071011-22 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	2300.200	125.00		
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		er for Health Policy & Reserver-to-Date ▼ 3000.00	ar		
Full Name (Last, First, Middle Initial) Jeff Lemieux Mailing Address 601 Pennsylvania South Bldg, Ste 5	Date of Receipt 1 0 3 1 2 0 0 7				
City	State	Zip Code	Transaction ID: 20071102-23		
Washington	DC	20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		125.00		
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	- ' '	er for Health Policy & Reservent-to-Date 3000.00	ar		
Full Name (Last, First, Middle Initial) Jeff Lemieux					
South Bldg, Ste 5	Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500				
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071114-23 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	2007 2007	125.00		
Name of Employer America's Health Insurance Plans Receipt For:		er for Health Policy & Reserver-	ar		
Primary General Other (specify) ▼	nggregate	3000.00			
SUBTOTAL of Receipts This Page (optio	nal)		375.00		

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 206 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions
Americas Health Insurance Plans	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Jeff Lemieux		Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20071201-23
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	7
America's Health Insurance <u>Plans</u>	Svp, Center for Health Policy & Resea	ar
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3000.00	
Full Name (Last, First, Middle Initial) Jeff Lemieux		Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50		1 2 1 5 2 0 0 7
City	State Zip Code	Transaction ID: 20071214-23
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans	Occupation Svp, Center for Health Policy & Resea	ar
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Jeff Lemieux		Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50	12 31 2007	
City	State Zip Code	Transaction ID: 280128-23
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans	Occupation Svp, Center for Health Policy & Resea	ar
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3000.00	
		375.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person ne name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PA	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Dan Leonard Mailing Address 601 Pennsylvania Av	re NW	Date of Receipt
South Bldg, Ste 500		07 13 2007
City	State Zip Code	Transaction ID: 20070715-25
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance	Occupation Executive VP, Advocacy & Professiona	
<u>Plans</u> Receipt For:	+ -	<u>a</u>
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	
Full Name (Last, First, Middle Initial)		
Dan Leonard Mailing Address 601 Pennsylvania Av	e NW	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
South Bldg, Ste 500 City		
Washington	State Zip Code DC 20004-2601	Transaction ID: 20070726-25
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans	Occupation Executive VP, Advocacy & Professiona	- al
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	
Full Name (Last, First, Middle Initial) Dan Leonard		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500		0 8 1 5 2 0 0 7
City	State Zip Code	Transaction ID: 20070815-24
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive VP, Advocacy & Professiona	al
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4999.92	
SUBTOTAL of Receipts This Page (optional)		624.99
TOTAL This Period (last page this line number	<u> </u>	

	EDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 206 (check only one) X
or for o	formation copied from such Reports and Sta commercial purposes, other than using the r ME OF COMMITTEE (In Full) nericas Health Insurance Plans PAC	atements may not be sold or used by any personame and address of any political committee to (AHIP PAC)	on for the purpose of soliciting contributions a solicit contributions from such committee.
A. <u>Dar</u> Mai City	ashington	State Zip Code DC 20004-2601	Date of Receipt M M D D Y Y Y Y Y Y Y Y
fed Nar Am <u>Pla</u>	C ID number of contributing eral political committee. me of Employer lerica's Health Insurance lens leptons ceipt For: Primary General Other (specify)	Occupation Executive VP, Advocacy & Profession Aggregate Year-to-Date 4999.92	208.33
B. Dar Mai City	I Name (Last, First, Middle Initial) n Leonard iling Address 601 Pennsylvania Ave N South Bldg, Ste 500 y ashington	NW State Zip Code DC 20004-2601	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
fed Nar Am <u>Pla</u>	C ID number of contributing eral political committee. me of Employer lerica's Health Insurance insurance insurance insurance General Other (specify)	Occupation Executive VP, Advocacy & Profession Aggregate Year-to-Date ▼ 4999.92	208.33
C. Dar Mai City Wa	ashington C ID number of contributing	State Zip Code DC 20004-2601	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nar Am <u>Pla</u>	me of Employer neerica's Health Insurance ns ceipt For: Primary General Other (specify)	Occupation Executive VP, Advocacy & Profession Aggregate Year-to-Date 4999.92	
SUBT	OTAL of Receipts This Page (optional))	624.99

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial) Dan Leonard Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 20071011-23
	<u>Washington</u>	DC 20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	208.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Executive VP, Advocacy & Profession Aggregate Year-to-Date ▼ 4999.92	al
	Full Name (Last, First, Middle Initial) Dan Leonard Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 20071102-24
	Washington	DC 20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	208.33
	Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Executive VP, Advocacy & Profession Aggregate Year-to-Date ▼ 4999.92	al
_	Full Name (Last, First, Middle Initial) Dan Leonard		Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500		11 1 15 2007
	City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071114-24
	FEC ID number of contributing federal political committee.	C 20004-2001	Amount of Each Receipt this Period 208.33
	Name of Employer America's Health Insurance Plans	Occupation Executive VP, Advocacy & Profession	a
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	
Ţ	SUBTOTAL of Receipts This Page (optional)		624.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any persor name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC)	
Full Name (Last, First, Middle Initial) Dan Leonard		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW	1 1 3 0 2 0 0 7
City	State Zip Code	Transaction ID: 20071201-24
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance	Occupation	
<u>Plans</u>	Executive VP, Advocacy & Profession	a
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	4999.92	
Full Name (Last, First, Middle Initial) Dan Leonard		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW	M M / D D / Y Y Y Y Y 1 2 0 0 7
City	State Zip Code	Transaction ID: 20071214-24
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive VP, Advocacy & Profession	al
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4999.92	
Full Name (Last, First, Middle Initial) Dan Leonard		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW	12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 280128-24
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive VP, Advocacy & Profession	al
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4999.92	
SUBTOTAL of Receipts This Page (optional)	_	624.99

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and State	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
	or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	me and address of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Joe Lessen		Date of Receipt
	Mailing Address 601 Pennsylvania Ave N\ South Bldg, Ste 500	V	07 13 YYYY 2007
	City	State Zip Code	Transaction ID: 20070715-26
	Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼	Occupation Director of Special Projects, Federal Aggregate Year-to-Date 1000.08	
В.	Full Name (Last, First, Middle Initial) Joe Lessen Mailing Address 601 Pennsylvania Ave NV South Bldg, Ste 500	V	Date of Receipt 0 7 3 1 2 0 0 7
	City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	Transaction ID: 20070726-26 Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼	Occupation Director of Special Projects, Federal Aggregate Year-to-Date ▼ 1000.08	
- С.	Full Name (Last, First, Middle Initial) Joe Lessen		Date of Receipt
	Mailing Address 601 Pennsylvania Ave N\ South Bldg, Ste 500	V	08 15 2007
	City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070815-25 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67
	Name of Employer America's Health Insurance Plans	Occupation Director of Special Projects, Federal	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
	SUBTOTAL of Receipts This Page (optional)		125.01

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per le name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Joe Lessen		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	08 / 31 / Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070829-25
FEC ID number of contributing federal political committee.	C 20004-2601	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Director of Special Projects, Federa	ıl
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Joe Lessen		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500		09 / 15 / Y Y Y Y Y
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070917-24
FEC ID number of contributing federal political committee.	C 2004-2601	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Director of Special Projects, Federa	ıl
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Joe Lessen	_L	Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	09 30 7 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070928_25_15_2 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20004-2601	41.67
Name of Employer America's Health Insurance Plans	Occupation Director of Special Projects, Federa	ıl
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
SUBTOTAL of Receipts This Page (optional)		125.01

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 206 (check only one) X 11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Joe Lessen		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW	10 15 2007
City	State Zip Code	Transaction ID: 20071011-24
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer America's Health Insurance Plans	Occupation Director of Special Projects, Federal	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Joe Lessen	.I.	Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20071102-25
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Director of Special Projects, Federal	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Joe Lessen		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City	State Zip Code	Transaction ID: 20071114-25
Washington 550 ID contract (contributions	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Director of Special Projects, Federal	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
CURTOTAL of Preside This Page (autional)		125.01

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	5)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 206 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	AC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Joe Lessen			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			11 30 7 9 9 9
City	State	Zip Code	Transaction ID: 20071201-25
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer	Occupation	n	
America's Health Insurance Plans	Director of	of Special Projects, Federal	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.08	
Full Name (Last, First, Middle Initial) Joe Lessen	· ·		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			12 15 2007
City	State	Zip Code	Transaction ID: 20071214-25
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Director (n of Special Projects, Federal	
Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Joe Lessen			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			12 / 31 / 2007
City	State	Zip Code	Transaction ID: 280128-25
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Director of	n of Special Projects, Federal	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.08	
			125.01

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee	son for the purpose of soliciting contributions
Americas Health Insurance Plans PA	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Daniel C. Lyons Mailing Address 1150 Grandview Teri		Date of Receipt
Mailing Address 1150 Grandview Ter	race	10 15 2007
City	State Zip Code	Transaction ID: 6fb01b74d4026f256
Radnor	PA 19087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Independence Blue Cross	Occupation SVP, Govt Programs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	ve NW	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20070726-27
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer America's Health Insurance	Occupation Director of Human Resources	
Plans Receipt For:	Aggregate Year-to-Date ▼	
Primary General		7
Other (specify)	360.00	
Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500		08 15 2007
City	State Zip Code	Transaction ID: 20070815-26
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer America's Health Insurance Plans	Occupation Director of Human Resources	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
CURTOTAL of Possints This Page (ontional)		280.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 91 / 206 (check only one)
TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans PAC	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Debi Manning			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		08 31 7 2007
City	State	Zip Code	Transaction ID: 20070829-26
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer	Occupation	1	┦
America's Health Insurance Plans	Director of	f Human Resources	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		360.00	1
Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) Debi Manning	•		Date of Receipt
Mailing Address 601 Pennsylvania Ave	NW		M M / D D / Y Y Y Y
South Bldg, Ste 500	O1-1 -	Zin Cod-	09 15 2007
City	State DC	Zip Code	Transaction ID: 20070917-25
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer America's Health Insurance	Occupation	of Human Resources	7
<u>Plans</u> Receipt For:	1		_
Primary General	Aggregate	Year-to-Date ▼	1
Other (specify) ▼	0 0	360.00	
Full Name (Last, First, Middle Initial) Debi Manning	1		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		09 30 7 2007
City	State	Zip Code	Transaction ID: 20070928_26_15_2
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer America's Health Insurance	Occupation		
Plans Receipt For:	, '	of Human Resources	\dashv
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
Other (specify)		360.00	
SUBTOTAL of Receipts This Page (optional)		_	45.00

Any information copied from such Reports and or for commercial purposes, other than using		13 14 15 16 17
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	d Statements may not be sold or used by any perso the name and address of any political committee to AC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania A South Bldg, Ste 500	ve NW	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20071011-25
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 15.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Director of Human Resources Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania A		Date of Receipt
South Bldg, Ste 500		10 31 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071102-27
FEC ID number of contributing federal political committee.	C 20004-2001	Amount of Each Receipt this Period 15.00
Name of Employer America's Health Insurance Plans	Occupation Director of Human Resources	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071114-27 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer America's Health Insurance Plans	Occupation Director of Human Resources	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)	45.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	and Statements may not be sold or used by any person g the name and address of any political committee to see PAC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania South Bldg, Ste 50	Ave NW	Date of Receipt
City State S	State Zip Code	Transaction ID: 20071201-27
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Director of Human Resources Aggregate Year-to-Date 360.00	
Full Name (Last, First, Middle Initial) Debi Manning	- ANN	Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50		12 15 2007
City	State Zip Code	Transaction ID: 20071214-27
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer America's Health Insurance Plans	Occupation Director of Human Resources	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50		12 31 2007
City	State Zip Code	Transaction ID: 280128-27
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 15.00
Name of Employer America's Health Insurance Plans	Occupation Director of Human Resources	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (option	nal)	45.00
TOTAL This Period (last page this line nu		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 206 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and add	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Anthony Meoni Mailing Address 601 Pennsylvania			Date of Receipt
South Bldg, Ste 50 City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004-2601	Transaction ID: 20071102-30 Amount of Each Receipt this Period 10.50
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice Pres Aggregate]
Full Name (Last, First, Middle Initial) Anthony Meoni Mailing Address 601 Pennsylvania South Bldg, Ste 50		Zip Code	Date of Receipt M M
Washington FEC ID number of contributing federal political committee.	DC	20004-2601	Amount of Each Receipt this Period 10.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice Pres Aggregate		
Full Name (Last, First, Middle Initial) Anthony Meoni Mailing Address 601 Pennsylvania	Ave NW		Date of Receipt
South Bldg, Ste 50		Zip Code	1 1 3 0 2 0 0 7 Transaction ID: 20071201-30
<u>Washington</u>	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.50
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Vice Pres Aggregate		
Primary General Other (specify) ▼	35 15 110	252.00	
SUBTOTAL of Receipts This Page (option	al)		31.50

	LE A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 206 (check only one) X 11a
or for commerc	n copied from such Reports and S cial purposes, other than using the COMMITTEE (In Full) Health Insurance Plans PAC	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	(Last, First, Middle Initial) oni dress 601 Pennsylvania Ave	`		Date of Receipt
City	South Bldg, Ste 500	State	Zip Code	1 2 1 5 2 0 0 7 Transaction ID: 20071214-30
	on mber of contributing ical committee.	C	20004-2601	Amount of Each Receipt this Period 10.50
Plans Receipt For Prima			n sident, IT e Year-to-Date ▼ 252.00	
Full Name (Anthony Me Mailing Add	lress 601 Pennsylvania Ave	NW		Date of Receipt
City	South Bldg, Ste 500	State	Zip Code	1 2 3 1 2 0 0 7 Transaction ID: 280128-29
	on nber of contributing ical committee.	C	20004-2601	Amount of Each Receipt this Period 10.50
Name of Er America's I Plans Receipt For Prima	Healfh Insurance		sident, IT e Year-to-Date ▼	7
Other	r (specify) ▼		252.00	
Full Name ((Last, First, Middle Initial) yers			Date of Receipt
Mailing Add	dress 601 Pennsylvania Ave South Bldg, Ste 500	NW		07 13 2007
City Washingt		State DC	Zip Code 20004-2601	Transaction ID: 20070715-31
FEC ID nur	mber of contributing ical committee.	C	20004-2601	Amount of Each Receipt this Period 20.00
<u>Plans</u>	nployer Health Insurance		e Director Product Policy	
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 480.00	
SUBTOTAL of	of Receipts This Page (optional)			41.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the such as	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans Pa			
Full Name (Last, First, Middle Initial) Thomas Meyers			Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070726-31 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer America's Health Insurance Plans Receipt For:		e Director Product Policy	
Primary General Other (specify) ▼	99.59	480.00	
Full Name (Last, First, Middle Initial) Thomas Meyers	'		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070815-30 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer America's Health Insurance	Occupatio Executive	n e Director Product Policy	
Plans Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Thomas Meyers			Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500			08 31 2007
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070829-30 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer America's Health Insurance Plans Receipt For:	'	e Director Product Policy	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00]
SUBTOTAL of Receipts This Page (optional)))	60.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 206 (check only one) X
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	e name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Ave	`	,	Date of Receipt
	South Bldg, Ste 500	Ctoto	7in Code	09 15 2007
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070917-29
	FEC ID number of contributing federal political committee.	C	20004-2001	Amount of Each Receipt this Period 20.00
	Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General Other (specify) ▼	- '	e Director Product Policy Year-to-Date 480.00	
 3.	Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	: NW		Date of Receipt 0 9 3 0 2 0 0 7
	City	State	Zip Code	Transaction ID: 20070928_30_15_22
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer America's Health Insurance Plans	, '	e Director Product Policy	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 480.00	
_	Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Ave	NIM/		Date of Receipt
	South Bldg, Ste 500	- 14 A A		10 15 2007
	City	State	Zip Code	Transaction ID: 20071011-29
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer America's Health Insurance Plans		e Director Product Policy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
	SUBTOTAL of Receipts This Page (optional)			60.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 206 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	d Statements may not be sold or used by any personant the name and address of any political committee to PAC (AHIP PAC)	13 14 15 16 16 19 on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania A South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania A	480.00	Date of Receipt
South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	1 1 1 5 2 0 0 7 Transaction ID: 20071114-31 Amount of Each Receipt this Period 20.00
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Executive Director Product Policy Aggregate Year-to-Date 480.00	
Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania A South Bldg, Ste 500)	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	Transaction ID: 20071201-31 Amount of Each Receipt this Period 20.00
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Executive Director Product Policy Aggregate Year-to-Date 480.00]
SUBTOTAL of Receipts This Page (optional	I)	60.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 206 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans I	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania	Ave NW		Date of Receipt
South Bldg, Ste 50	0 State	Zip Code	1 2 1 5 2 0 0 7 Transaction ID: 20071214-31
Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 20.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	- ' '	e Director Product Policy Year-to-Date 480.00	
Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania A South Bldg, Ste 50			Date of Receipt M M D D Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 280128-30
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify)		e Director Product Policy Year-to-Date 480.00	
Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 50			07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20070715-33
Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 25.00
Name of Employer America's Health Insurance Plans		ssociate Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional	al)		65.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500		07 31 2007
City <u>Washington</u>	State Zip Code DC 20004-2601	Transaction ID: 20070726-33 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼	Occupation Senior Associate Counsel Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	08 15 7 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070815-32
FEC ID number of contributing federal political committee.	C 20004-2001	Amount of Each Receipt this Period 25.00
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	08 31 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070829-32 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)	·····	75.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 206 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans P	AC (AHIP PAC	5)	
Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500)	7'- O-d-	09 15 2007
City <u>Washington</u>	State DC	Zip Code 20004-2601	Transaction ID: 20070917-31 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer America's Health Insurance Plans	Occupation Senior As	n ssociate Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070928_32_15_22 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004 2001	25.00
Name of Employer America's Health Insurance Plans	Occupation Senior As	n ssociate Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			M M / D D / Y Y Y Y Y 1 1 5 2 0 0 7
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071011-31 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000 1 200 1	25.00
Name of Employer America's Health Insurance Plans	- '	ssociate Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional			75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 206 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500)	7'o Cada	10 31 2007
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071102-33 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004-2001	25.00
Name of Employer America's Health Insurance Plans	Occupation Senior A	n ssociate Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Julie Miller	NNA/		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500)		11 1 1 5 2007
City	State	Zip Code	Transaction ID: 20071114-33
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer America's Health Insurance Plans	Occupation Senior As	n ssociate Counsel	
Receipt For:	- + ·	e Year-to-Date ▼	
Primary General Other (specify) ▼		600.00	
Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			11 30 7 9 9 9
City	State	Zip Code	Transaction ID: 20071201-33
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer America's Health Insurance Plans		ssociate Counsel	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		600.00	
SUBTOTAL of Receipts This Page (optional			75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Julie Miller Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation Senior Associate Counsel Aggregate Year-to-Date 600.00	Date of Receipt 1 2
Full Name (Last, First, Middle Initial) Julie Miller Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation Senior Associate Counsel Aggregate Year-to-Date 600.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Marion Minichiello Mailing Address 4 Raymond Road Ext City Burlington FEC ID number of contributing federal political committee. Name of Employer Tufts Health Plan Receipt For: Primary General Other (specify)	State Zip Code MA 01803-2828 C Occupation VP, Sales Aggregate Year-to-Date 250.00	Date of Receipt 1 2 0 7 2 0 0 7 Transaction ID: 972a98477daa9488d Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) .		300.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions
Americas Health Insurance Plans P	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Martin Mitchell		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg Ste 500	ve NW	07 13 YYYY 2007
City	State Zip Code	Transaction ID: 20070715-34
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance	Occupation	
Plans	Director Product Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	499.92	
Full Name (Last, First, Middle Initial) Martin Mitchell	1	Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg Ste 500	ve NW	07 31 7 2007
City	State Zip Code	Transaction ID: 20070726-34
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	
Full Name (Last, First, Middle Initial) Martin Mitchell		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg Ste 500	ve NW	0 8 1 5 2 0 0 7
City	State Zip Code	Transaction ID: 20070815-33
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance	Occupation Director Product Policy	
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	499.92	
SUBTOTAL of Receipts This Page (optional		62.49

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 206 (check only one) X
A OI	ny information copied from such Reports and for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC	3)	
↓ 4.	Full Name (Last, First, Middle Initial) Martin Mitchell			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg Ste 500	e NW		08 31 7 2007
	City	State	Zip Code	Transaction ID: 20070829-34
	Washington FEC ID number of contributing	DC	20004-2601	Amount of Each Receipt this Period 20.83
	federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans	Occupation Director	n Product Policy	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	499.92	
 3.	Full Name (Last, First, Middle Initial) Martin Mitchell	1		Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg Ste 500	e NW		09 15 7 9 9 7
	City	State	Zip Code	Transaction ID: 20070917-33
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 20.83
	Name of Employer America's Health Insurance	Occupation Director	n Product Policy	
	Plans Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	499.92	
 ;.	Full Name (Last, First, Middle Initial) Martin Mitchell			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg Ste 500	e NW		09 / 30 / Y Y Y Y Y
	City	State DC	Zip Code	Transaction ID: 20070928_34_15_22
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 20.83
	Name of Employer America's Health Insurance Plans	Occupation Director	n Product Policy	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		499.92	
	SUBTOTAL of Receipts This Page (optional) .	1		62.49

SCHEDULE A (I	EIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purpos NAME OF COMMITT	es, other than using the name ar	nd address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	1 Pennsylvania Ave NW		Date of Receipt
Sc	outh Bldg Ste 500 Sta	te Zip Code	1 0 1 5 2 0 0 7 Transaction ID: 20071011-33
<u>Washington</u>	DC	·	Amount of Each Receipt this Period
FEC ID number of co federal political comm			20.83
Name of Employer America's Health Insu Plans	Loire	upation ctor Product Policy	
Receipt For: Primary Other (specify)	General	regate Year-to-Date ▼ 499.92	
Full Name (Last, First Martin Mitchell			Date of Receipt
Sc	1 Pennsylvania Ave NW buth Bldg Ste 500		10 31 2007
City Washington	Sta DC	'	Transaction ID: 20071102-35
FEC ID number of co federal political comm	ntributing	20004-2601	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insu Plans	ronco	upation ctor Product Policy	
Receipt For: Primary Other (specify)	General	regate Year-to-Date ▼ 499.92	
Full Name (Last, First Martin Mitchell	, Middle Initial)		Date of Receipt
Sc	1 Pennsylvania Ave NW outh Bldg Ste 500		11 15 / 2007
City <u>Washington</u>	Sta DC		Transaction ID: 20071114-35
FEC ID number of co	ntributing	20004-2001	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insu Plans	Dire Dire	upation ctor Product Policy	
Receipt For: Primary Other (specify)	General	regate Year-to-Date ▼ 499.92	
SUBTOTAL of Receiptr	s This Page (optional)		62.49

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 206 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Martin Mitchell Mailing Address 601 Pennsylvania Ave South Bldg Ste 500			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20071201-35
Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼		n Product Policy e Year-to-Date ▼ 499.92	
Full Name (Last, First, Middle Initial) Martin Mitchell Mailing Address 601 Pennsylvania Ave	e NW		Date of Receipt
South Bldg Ste 500 City	State	Zip Code	1 2 1 5 2 0 0 7 Transaction ID: 20071214-35
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1	20.83
Name of Employer America's Health Insurance Plans		Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.92	
Full Name (Last, First, Middle Initial) Martin Mitchell			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg Ste 500		7: 0 1	12 31 2007
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 280128-34 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004-2001	20.83
Name of Employer America's Health Insurance Plans	Occupatio Director	n Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.92	
SUBTOTAL of Receipts This Page (optional) .			62.49
TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 206 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	ename and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel Neary Mailing Address Mutual of Omaha Plz 3301 Dodge St City Omaha FEC ID number of contributing federal political committee. Name of Employer Mutual of Omaha Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NE 68131-3416 C Occupation CEO Aggregate Year-to-Date 2000.00	Date of Receipt M M M O 8 O 8 2007 Transaction ID: 52ae809b75b1b0a097 Amount of Each Receipt this Period 2000.00
Full Name (Last, First, Middle Initial) Joe Novak Mailing Address 2600 Sixth St SW City Canton FEC ID number of contributing federal political committee. Name of Employer AultCare Receipt For: Primary General Other (specify)	State Zip Code OH 44710-1702 C Occupation Provider Relations Aggregate Year-to-Date 250.00	Date of Receipt M M C 26 2007 Transaction ID: f32712c49cae9ba369a Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) David Oliker Mailing Address 625 State St City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12305-2111 C Occupation CEO Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 4e70c9b3acdc99dfdfc Amount of Each Receipt this Period 2000.00
SUBTOTAL of Receipts This Page (optional))	4250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may nee name and addre	ot be sold or used by any persons of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	C (AHIP PAC)		
Full Name (Last, First, Middle Initial) Norman Payson			Date of Receipt
Mailing Address 8 Centre Street Ste 3			08 08 2007
City	State	Zip Code	Transaction ID: de5693443f51056f16
Concord	NH	03301-6302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer Concentra Inc.	Occupation CEO		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20070715-35
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer America's Health Insurance Plans	Occupation Executive D	Director	
Receipt For: Primary General Other (specify)	Aggregate Yo	ear-to-Date ▼ 1187.55	
Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20070726-35
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Executive D	Director	
Receipt For:	Aggregate Ye	ear-to-Date ▼	
Primary General Other (specify) ▼		1187.55	
SUBTOTAL of Receipts This Page (optional) .	1	\	2083.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Ave	a NIW	Date of Receipt
South Bldg, Ste 500	, , , , , , , , , , , , , , , , , , , ,	08 15 2007
City	State Zip Code	Transaction ID: 20070815-34
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance	Occupation Executive Director	
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1187.55	
Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500		08 / 31 / 2007
City	State Zip Code	Transaction ID: 20070829-35
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance Plans	Occupation Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1187.55	
Full Name (Last, First, Middle Initial) Betsy Pelovitz	1	Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500		09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20070917-34
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance Plans	Occupation Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	1187.55	
SUBTOTAL of Receipts This Page (optional) .		166.67
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 206 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Ave	a NIW	Date of Receipt
South Bldg, Ste 500	, I W	09 30 2007
City	State Zip Code	Transaction ID: 20070928_35_15_22
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance	Occupation	7
<u>Plans</u> Receipt For:	Executive Director	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1187.55	
Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20071011-34
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance	Occupation Executive Director	
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1187.55	
Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW	10 31 2007
City	State Zip Code	Transaction ID: 20071102-36
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance	Occupation Executive Director	
Plans Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	1187.55	
SUBTOTAL of Receipts This Page (optional)		187.50
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 206 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	Statements may not be sold or used by any per ne name and address of any political committee AC (AHIP PAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	ve NW	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20071114-36
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Executive Director Aggregate Year-to-Date 1187.55	
Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Av	ve NW	Date of Receipt
South Bldg, Ste 500		11 30 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071201-36
FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1187.55	
Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500		12 15 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071214-36
FEC ID number of contributing federal political committee.	C 20004-2601	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans	Occupation Executive Director	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1187.55	
SUBTOTAL of Receipts This Page (optional)		187.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate s for each catego Detailed Sumn	ory of the	FOR LINE NUMBER: PAGE 113 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or us name and address of any politic	ed by any person al committee to so	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC			
Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	VW		12 31 2007
City	State Zip Code		Transaction ID: 280128-35
Washington	DC 20004-2601		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		62.50
Name of Employer America's Health Insurance	Occupation Executive Director		
Plans Receipt For:			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1187.55	
Full Name (Last, First, Middle Initial) Diane Pete			Date of Receipt
Mailing Address 2203 Radford Street, N	W		0 9 2 6 2 0 0 7
City	State Zip Code		Transaction ID: df95e0c10c5a84f0c
North Canton	OH 44720		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Aultcare	Occupation Vice President		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00	
Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW .		07 13 2007
City	State Zip Code		Transaction ID: 20070715-36
Washington	DC 20004-2601		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		116.16
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic	Communication	n
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼		2763.84	
SUBTOTAL of Receipts This Page (optional)		.	428.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	Statements may not be sold or used by any persole name and address of any political committee to C (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Vice President Strategic Communicat Aggregate Year-to-Date ▼ 2763.84	i <mark>o</mark> n
Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington	State Zip Code	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer	DC 20004-2601 C Occupation	Amount of Each Receipt this Period 116.16
America's Health Insurance Plans Receipt For: Primary General Other (specify)	Vice President Strategic Communicat Aggregate Year-to-Date ▼ 2763.84	ian
Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City	State Zip Code	M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 116.16
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communicat	i <u>a</u> n
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2763.84	
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	348.48
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 115 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any person he name and address of any political committee to s	of for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	ve NW	09 / 15 / Y Y Y Y Y
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070917-35
FEC ID number of contributing federal political committee.	C 20004-2601	Amount of Each Receipt this Period 116.16
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice President Strategic Communication Aggregate Year-to-Date ▼ 2763.84	- on
Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Av	I NW	Date of Receipt
South Bldg, Ste 500		09 30 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070928_36_15_22 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	116.16
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice President Strategic Communication Aggregate Year-to-Date 2763.84	on
Full Name (Last, First, Middle Initial)	1	Balant Bandal
Susan Pisano Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	ve NW	Date of Receipt 1 0 1 5 2 0 0 7
City	State Zip Code	Transaction ID: 20071011-35
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice President Strategic Communication Aggregate Year-to-Date 2763.84	- on
SUBTOTAL of Receipts This Page (optional)		348.48
TOTAL This Period (last page this line numb	er only)	

Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer	tatements may not be sold or name and address of any port (AHIP PAC) NW State Zip Code DC 20004-26	litical committee to s	olicit contributions from such committee. Date of Receipt
r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer	NW State Zip Code DC 20004-26	litical committee to s	Date of Receipt Date of Receipt
Americas Health Insurance Plans PAC Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer	NW State Zip Code DC 20004-26	501	Transaction ID: 20071102-37 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer	NW State Zip Code DC 20004-26	501	Transaction ID: 20071102-37 Amount of Each Receipt this Period
Susan Pisano Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer	State Zip Code DC 20004-26 C Occupation	501	Transaction ID: 20071102-37 Amount of Each Receipt this Period
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer	State Zip Code DC 20004-26 C Occupation	001	Transaction ID: 20071102-37 Amount of Each Receipt this Period
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Primary General	1 1 1 1 1 1	2763.84	
Other (specify)		2703.04	
Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
Mailing Address 601 Pennsylvania Ave	NW		M M / D D / Y Y Y Y
South Bldg, Ste 500			11 15 2007
City	State Zip Code		Transaction ID: 20071114-37
Washington	DC 20004-26	01	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		116.16
Name of Employer America's Health Insurance	Occupation Vice President Strate	nic Communicatio	
Plans Receipt For:	Aggregate Year-to-Date	-	1 ''
Primary General Other (specify) ▼	Aggregate Teal-to-Date	2763.84	
Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		1 1 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: 20071201-37
Washington	DC 20004-26	01	Amount of Each Receipt this Period
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Name of Employer America's Health Insurance	Occupation Vice President Strate	aio Communicatio	1
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Primary General	Aggregate Year-to-Date		
Other (specify)	0 0 0 0 0	2763.84	
SUBTOTAL of Receipts This Page (optional)			348.48

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 206 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	NW State Zip Code DC 20004-2601 C Occupation Vice President Strategic Communicate Aggregate Year-to-Date ▼ 2763.84	Date of Receipt M M D D 2007 Transaction ID: 20071214-37 Amount of Each Receipt this Period 116.16
Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	NW State Zip Code DC 20004-2601 C Occupation Vice President Strategic Communica Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jennifer Rak Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance	NW State Zip Code DC 20004-2601 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
America's Héalfh Insurance Plans Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Director, Public Programs Policy Aggregate Year-to-Date ▼ 499.92	253.15

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 206 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jennifer Rak Mailing Address 601 Pennsylvania	Ave NW		Date of Receipt
South Bldg, Ste 50 City Washington		Zip Code 20004-2601	Transaction ID: 20070726-37 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Public Programs Policy Year-to-Date 499.92	
Full Name (Last, First, Middle Initial) Jennifer Rak Mailing Address 601 Pennsylvania South Bldg, Ste 50			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20070815-36
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans Receipt For:		n Public Programs Policy Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	499.92	
Full Name (Last, First, Middle Initial) Jennifer Rak	1		Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50	00	7.0.1	08 31 2007
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070829-37 Amount of Each Receipt this Period
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Name of Employer America's Health Insurance Plans		Public Programs Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.92	
SUBTOTAL of Receipts This Page (option	ıal))	62.49

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sche for each category Detailed Summary	of the X 11a 11b 11c 12 Page 13 14 15 16 17
	or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	ame and address of any political c	by any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
2	Americas Health Insurance Plans PAC	(AHIP PAC)	
A.	Full Name (Last, First, Middle Initial) Jennifer Rak Mailing Address 601 Pennsylvania Ave N	IW	Date of Receipt
	South Bldg, Ste 500		09 15 2007
	City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070917-36 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 20004-2001	20.83
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Director, Public Programs I Aggregate Year-to-Date	Policy 199.92
В.	Full Name (Last, First, Middle Initial) Jennifer Rak Mailing Address 601 Pennsylvania Ave N	IW	Date of Receipt
	South Bldg, Ste 500		09 30 2007
	City	State Zip Code	Transaction ID: 20070928_37_15_22
	Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 20.83
	Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Director, Public Programs I Aggregate Year-to-Date	Policy 199.92
- C.	Full Name (Last, First, Middle Initial) Jennifer Rak		Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500		10 15 2007
	City	State Zip Code	Transaction ID: 20071011-36
	Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 20.83
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SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions
Americas Health Insurance Plans P	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Jennifer Rak		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500		10 31 7 2007
City	State Zip Code DC 20004-2601	Transaction ID: 20071102-38
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Director, Public Programs Policy Aggregate Year-to-Date 499.92	
Full Name (Last, First, Middle Initial) Jennifer Rak Mailing Address 601 Pennsylvania A	ve NW	Date of Receipt
South Bldg, Ste 500		11 15 2007
City	State Zip Code DC 20004-2601	Transaction ID: 20071114-38
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Director, Public Programs Policy Aggregate Year-to-Date ▼ 499.92	
Full Name (Last, First, Middle Initial) Jennifer Rak		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500		1 1 3 0 2 0 0 7
City	State Zip Code	Transaction ID: 20071201-38
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Director, Public Programs Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	
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11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ai	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Americas Health Insurance Plans PAC (AHIP PAC	;)	
∠ A.	Full Name (Last, First, Middle Initial) Jennifer Rak			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		1 2 1 5 2 0 0 7
	City	State	Zip Code	Transaction ID: 20071214-38
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	Primary General	Aggregate		1
	Other (specify) ▼		499.92	
— В.	Full Name (Last, First, Middle Initial) Jennifer Rak			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		12 31 7 2007
	City	State	Zip Code	Transaction ID: 280128-37
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	Name of Employer America's Health Insurance Plans	Occupation Director,	n Public Programs Policy	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		499.92	
c. —	Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		07 13 7 2007
	City	State	Zip Code	Transaction ID: 20070715-38
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, State Advocacy	
	Receipt For:	l	Year-to-Date ▼	
	Primary General	33 -3-11		1
	Other (specify) ▼		1999.92	
s	UBTOTAL of Receipts This Page (optional)			124.99

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 206 (check only one)
Any information copied from such Repor	ts and Statements may sing the name and addr	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	only the hame and add	occ or any pomical committee to	
Americas Health Insurance Pla	ns PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
Mailing Address 601 Pennsylvar South Bldg, Ste			07 31 7 2007
City Washington	State DC	Zip Code	Transaction ID: 20070726-38
FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Presi	dent, State Advocacy	
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
Mailing Address 601 Pennsylvar South Bldg, Ste			08 15 7 2007
City	State	Zip Code	Transaction ID: 20070815-37
Washington	DC	20004-2601	Amount of Each Receipt this Period
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Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Richard Ramsay Mailing Address 601 Pennsylvania A	NIW	Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500)	09 15 2007
City	State Zip Code	Transaction ID: 20070917-37
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Name of Employer America's Health Insurance Plans	Occupation Vice President, State Advocacy	
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Full Name (Last, First, Middle Initial) Richard Ramsay		Date of Receipt
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City	State Zip Code	Transaction ID: 20070928_38_15_22
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
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Full Name (Last, First, Middle Initial) Richard Ramsay		Date of Receipt
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City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071011-37 Amount of Each Receipt this Period
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Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City Washington DC 20004-2601 FEC ID number of contributing federal political committee. CIty In Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City South Bidg, Ste 500 City Mashington DC 20004-2601 Fell Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City Mashington DC 20004-2601 FEC ID number of contributing federal political committee. C 20004-2601 FEC ID number of contributing Receipt For: Aggregate Vear-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City Mashington DC 20004-2601 FEC ID number of contributing Rederal political committee. C 33.33 Date of Receipt Transaction ID: 20071114-39 Amount of Each Receipt this Period FEC ID number of contributing Rederal political committee. C 33.33 Date of Receipt Transaction ID: 20071114-39 Amount of Each Receipt this Period FEC ID number of contributing Rederal political committee. C 33.33 Date of Receipt Transaction ID: 20071114-39 Amount of Each Receipt this Period FEC ID number of contributing Rederal political committee. C 33.33 Date of Receipt Transaction ID: 20071114-39 Amount of Each Receipt this Period FEC ID number of contributing Rederal political committee. C 33.33 Transaction ID: 20071214-39 Amount of Each Receipt this Period FEC ID number of contributing Rederal political committee. C 33.33 Transaction ID: 20071214-39 Amount of Each Receipt this Period FEC ID number of contributing Rederal political committee. C 33.33 Feriple To: Primary General Other (specify) ▼ 1999.92 Feriple To: Primary General Other (specify) ▼ 1999.92	Ai	for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Mailing Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City Washington DC 20004:2601 FEC ID number of contributing federal political ommittee. Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City Suth Bidg, Ste 500 Cit		Americas Health Insurance Plans PAC	(AHIP PAC))	
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Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Name (Last, First, Middle Initial) Richard Ramsay Mailing Address Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Date of Receipt Milling Address 601 Pennsylvania Ave NW South Bldg, Ste 500 State Zip Code DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Substotal of Receipts This Page (optional) Substotal of Receipts This Page (optional)		Washington	DC	20004-2601	Amount of Each Receipt this Period
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SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 206 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and addr	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania South Bldg, Ste 50			Date of Receipt 1 2 1 5 2 0 0 7
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071214-39 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		dent, State Advocacy ✓ Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania South Bldg, Ste 50			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 280128-38
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.33
Name of Employer America's Health Insurance Plans Receipt For:		dent, State Advocacy	
Primary General Other (specify) ▼	Aggregate	∕ear-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Ingrid Reeves	1		Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50		Zip Code	0 9 1 5 2 0 0 7 2 0 0 7
City Washington	DC	20004-2601	Transaction ID: 20070917-39 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans		Director of Membership	
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 352.47	
SUBTOTAL of Receipts This Page (option	al)		187.49

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	(1)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 206 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	AC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Ingrid Reeves			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			09 30 7 2007
City	State	Zip Code	Transaction ID: 20070928_40_15_2
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer	Occupation	n	7
America's Health Insurance <u>Plans</u>	Executive	e Director of Membership	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		352.47]
Full Name (Last, First, Middle Initial) Ingrid Reeves	1		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			10 15 2007
City	State	Zip Code	Transaction ID: 20071011-39
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.83
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director of Membership	
Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 352.47]
Full Name (Last, First, Middle Initial) Ingrid Reeves			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			10 31 2007
City	State	Zip Code	Transaction ID: 20071102-41
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director of Membership	
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		352.47	
SUBTOTAL of Receipts This Page (optional			62.49

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER:
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and address of any	or used by any persor political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Coc DC 20004- C Occupation Executive Director of Aggregate Year-to-Dat	of Membership	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 20071114-41 Amount of Each Receipt this Period 20.83
Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Coc DC 20004- C Occupation Executive Director of Aggregate Year-to-Dat	of Membership	Date of Receipt M M J J J J J J J J J J J J J J J J J
Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Coc DC 20004- C Occupation Executive Director of Aggregate Year-to-Dat	of Membership	Date of Receipt 12 15 2007 Transaction ID: 20071214-41 Amount of Each Receipt this Period 20.83
SUBTOTAL of Receipts This Page (optional) .		>	62.49

Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City Step Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans C C Coccurrence Name of Employer America's Health Insurance Plans	and address of any political committee to a PAC) ate Zip Code C 20004-2601 aupation acutive Director of Membership aregate Year-to-Date 352.47	Date of Receipt Date of Receipt
Ingrid Reeves Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City St Washington D FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City St Washington D FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Occ Vic	C 20004-2601 Dupation accutive Director of Membership aregate Year-to-Date ▼ 352.47 Attention accutive Director of Membership aregate Year-to-Date ▼	M
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	ecutive Director of Membership gregate Year-to-Date 352.47 ate Zip Code	0 7 1 3 2 0 0 7 Transaction ID: 20070715-41
Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City St Washington D FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	' '	0 7 1 3 2 0 0 7 Transaction ID: 20070715-41
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America's Healfh Insurance Plans Receipt For: Primary General Vic	C 20004-2601	Amount of Each Receipt this Period 20.83
	e President, Public Health & Clinic gregate Year-to-Date ▼ 593.70	
Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW		Date of Receipt
South Bldg, Ste 500	ate Zip Code	0 7 3 1 2 0 0 7 Transaction ID: 20070726-41
Washington D FEC ID number of contributing federal political committee.	C 20004-2601	Amount of Each Receipt this Period 20.83
Name of Employer Americals Health Insurance	upation e President, Public Health & Clinic	
	gregate Year-to-Date ▼ 593.70	
SUBTOTAL of Receipts This Page (optional)		62.49

SCHEDULE A (FEC I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 206 (check only one) X 11a
or for commercial purposes, other	er than using the name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Americas Health Insuran	Full) ce Plans PAC (AHIP PAC	C)	
Full Name (Last, First, Middle Bob Rehm			Date of Receipt
	nsylvania Ave NW dg, Ste 500		08 15 2007
City	State	Zip Code	Transaction ID: 20070815-40
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation Vice Pre	on sident, Public Health & Clinio	
Receipt For:		e Year-to-Date ▼	
Primary Gene Other (specify) ▼	ral	593.70	
Full Name (Last, First, Middle Bob Rehm	e Initial)		Date of Receipt
	nsylvania Ave NW dg, Ste 500		08 / 31 / 2007
City	State	Zip Code	Transaction ID: 20070829-41
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation Vice Pre	on sident, Public Health & Clinio	
Receipt For: Primary Gene		e Year-to-Date ▼	
Other (specify)	l di	593.70	
Full Name (Last, First, Middle Bob Rehm	e Initial)		Date of Receipt
South Blo	nsylvania Ave NW dg, Ste 500		09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070917-40
FEC ID number of contributin federal political committee.		20004-2001	Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Vice Pre	on sident, Public Health & Clinio	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary Gene Other (specify) ▼	ral	593.70	
SUBTOTAL of Receipts This P	age (optional)	1	83.33
TOTAL This Period (last page t		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Bob Rehm		Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50	Ave NW 10	09 / 30 / 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070928_41_15_22 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Public Health & Clinic Aggregate Year-to-Date 593.70	
Full Name (Last, First, Middle Initial) Bob Rehm	A . NIM	Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50		10 15 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071011-40
FEC ID number of contributing federal political committee.	C 20004-2001	Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Vice President, Public Health & Clinic	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 593.70	
Full Name (Last, First, Middle Initial) Bob Rehm		Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50		10 31 YYYYY 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071102-42
FEC ID number of contributing federal political committee.	C 20004-2601	Amount of Each Receipt this Period 31.25
Name of Employer America's Healfh Insurance Plans	Occupation Vice President, Public Health & Clinic	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 593.70	
SUBTOTAL of Receipts This Page (option	al)	93.75
TOTAL This Period (last page this line nur	nhar anly)	

Any information copied from such Reports and Statements may not be sold or used by any performer or for commercial purposes, other than using the name and address of any political committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. C C Full Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bob Rehm Aggregate Year-to-Date ▼ Aggregate Year-to-Date Full Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington DC 20004-2601	Date of Receipt Date of Receipt
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code DC 20004-2601 FEC ID number of contributing federal political committee. C C Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code DC 20004-2601 FEC ID number of contributing federal political committee. C Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Primary General Occupation Vice President, Public Health & Cli Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code	Transaction ID: 20071114-42 Amount of Each Receipt this Period 31.25
City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Amount of Each Receipt this Period 31.25
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code C C Primary Seneral Occupation Vice President, Public Health & Cli Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code	31.25
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address Occupation Vice President, Public Health & Cli Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code	
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Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code	
South Bldg, Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code	Date of Receipt
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City Cutuation Occupation Vice President, Public Health & Cli Aggregate Year-to-Date ▼ 593.70	11 30 7 2007
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code	Transaction ID: 20071201-42
America's Health Insurance Plans Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address Mailing Address Goneral Mailing Address Goneral South Bldg, Ste 500 City Vice President, Public Health & Cli Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date South & South Bldg, Ste 500 State Vice President, Public Health & Cli	Amount of Each Receipt this Period 31.25
Primary General Other (specify) Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code	iic
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code	
South Bldg, Ste 500 City State Zip Code	Date of Receipt
·	12 15 2007
<u>vvasnington</u>	Transaction ID: 20071214-42 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	31.25
Name of Employer America's Health Insurance Plans Occupation Vice President, Public Health & Cli	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date 593.70	ic
SUBTOTAL of Receipts This Page (optional)	nic

ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 206 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P		· ·	
Full Name (Last, First, Middle Initial) Bob Rehm			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500	ve NW		1 2 3 1 2 0 0 7
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 280128-41 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans Receipt For:		sident, Public Health & Clinic	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 593.70	
Full Name (Last, First, Middle Initial) Christopher Remark			Date of Receipt
Mailing Address 11205 Wright Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Uniontown	State OH	Zip Code 44685	Transaction ID: 60f99a77783a4b090 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer AultCare	Occupation	n man Hospital	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Richard Richiski			Date of Receipt
Mailing Address One Liberty Plaza,	31st Floor		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New York	State NY	Zip Code 10006-1404	Transaction ID: 0c94b69b3ddc8ca7
FEC ID number of contributing federal political committee.	C	10000-1404	Amount of Each Receipt this Period 3000.00
Name of Employer Zurich North America	Occupation CEO	n	
Receipt For: Primary General Other (specify) ▼	- 	e Year-to-Date ▼ 3000.00	
SUBTOTAL of Receipts This Page (optiona	I		3281.25

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 206 (check only one) X
or fo	information copied from such Reports and St r commercial purposes, other than using the AME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>s</u> M	ull Name (Last, First, Middle Initial) ue Rohan lailing Address 601 Pennsylvania Ave South Bldg, Ste 500			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: 20070715-42
F	Vashington EC ID number of contributing aderal political committee.	C	20004-2601	Amount of Each Receipt this Period 83.33
<u> </u>	ame of Employer Imerica's Health Insurance Plans eceipt For: Primary General Other (specify) ▼	Occupation Vice Pres Aggregate		
<u>.</u> <u>s</u>	ull Name (Last, First, Middle Initial) ue Rohan lailing Address 601 Pennsylvania Ave	NW		Date of Receipt 0 7 3 1 2 0 0 7
_	South Bldg, Ste 500	State	Zip Code	Transaction ID: 20070726-42
	Vashington	DC	20004-2601	Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		83.33
Α <u>P</u>	ame of Employer merica's Health Insurance lans	Occupation Vice Pres		
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1916.59	
	ull Name (Last, First, Middle Initial) ue Rohan			Date of Receipt
_	lailing Address 601 Pennsylvania Ave South Bldg, Ste 500		7in Code	08 15 2007
	ity Vashington	State DC	Zip Code 20004-2601	Transaction ID: 20070815-41 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C	2000 1 200 1	83.33
<u> </u>	ame of Employer merica's Health Insurance lans	Occupation Vice Pres	sident	
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1916.59	
SUE	BTOTAL of Receipts This Page (optional)			249.99

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of 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) Armericas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Sun Rohan Mailing Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City State Zip Code Washington Per In July Sun Rohan Mailing Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City State Sun Cocupation Name (Last, First, Middle Initial) Sun Rohan Mailing Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City State Zip Code Washington Date of Receipt Transaction ID: 20070829-42 Amount of Each Receipt this Period Prinary General Other (specify) ▼ 1916.59 Date of Receipt Transaction ID: 20070917-41 Amount of Each Receipt this Period Prinary General Other (specify) ▼ 1916.59 Date of Receipt Transaction ID: 20070917-41 Amount of Each Receipt this Period Prinary General Other (specify) ▼ 1916.59 Date of Receipt Transaction ID: 20070917-41 Amount of Each Receipt this Period Prinary General Other (specify) ▼ 1916.59 Date of Receipt Transaction ID: 20070917-41 Amount of Each Receipt this Period Date of Receipt Transaction ID: 20070928 42 15, 24 Amount of Each Receipt this Period Date of Receipt Transaction ID: 20070928 42 15, 24 Amount of Each Receipt this Period Date of Receipt Transaction ID: 20070928 42 15, 24 Amount of Each Receipt this Period Date of Receipt Transaction ID: 20070928 42 15, 24 Transaction ID: 20070928 42 15	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Sue Rohan Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Sue Rohan Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City Washington PEC ID number of contributing federal political committee. C Docupation DC 20004-2601 FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Sue Rohan Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Sue Rohan Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Vice President Full Name (Last, First, Middle Initial) Sue Rohan Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Vashington DC 20004-2601 FEC ID number of contributing federal political committee. C Date of Receipt No Aggregate Year-to-Date Vashington Date of Receipt No Aggregate Year-to-Date Vashington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt This Period Period President Plans No Aggregate Year-to-Date Vashington Name of Employer America's Health Insurance Plans Receipt This Period Aggregate Year-to-Date Vashington Name of Employer America's Health Insurance Plans Receipt This Period Plans No Aggregate Year-to-Date Vashington Name of Employer America's Health Insurance Plans No Aggregate Year-to-Date Vashington Name of Employer America's Health Insurance Plans No Aggregate Year-to-Date Vashington Name of Employer America's Health Insurance Plans No Aggregate Year-to-Date Vashington Name of Employer America's Health Insurance Plans No Aggregate Year-to-Date Vashington Name of Employer America's Health Insurance Plans No Aggregate Year-to-Date Vashington Name of Employer No Aggregate Year-to-Date	Sue Rohan Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500		08 / 31 / 2007
Plans Vice President Aggregate Year-to-Date ▼	Washington FEC ID number of contributing	DC 20004-2601	Amount of Each Receipt this Period
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ State Zip Code Other (specify) ▼ State Zip Code Plans Receipt For: Primary General Other (specify) ▼ 1916.59 Date of Receipt Transaction ID: 20070917-41 Amount of Each Receipt this Period Date of Receipt Transaction ID: 20070917-41 Amount of Each Receipt this Period Date of Receipt Transaction ID: 20070917-41 Date of Receipt Amount of Each Receipt this Period Date of Receipt Transaction ID: 20070917-41 Date of Receipt Date of Receipt Transaction ID: 20070928_42_15_22 Amount of Each Receipt this Period EC Docupation Vice President Receipt For: Primary General Occupation Vice President Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1916.59	Plans Receipt For: Primary General	Vice President Aggregate Year-to-Date ▼ 1916.59	
City	Sue Rohan Mailing Address 601 Pennsylvania Ave	e NW	M M / D D / Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Sue Rohan Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Date of Receipt	City	•	Transaction ID: 20070917-41
America's Healfh Insurance Plans Receipt For: Primary General Other (specify) Other (speci		C	83.33
Full Name (Last, First, Middle Initial) Sue Rohan Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Aggregate Year-to-Date Date of Receipt M M M O 9 / 3 0 / 2 0 0 7 Transaction ID: 20070928_42_15_22 Amount of Each Receipt this Period 83.33	America's Healfh Insurance Plans Receipt For: Primary General	Vice President Aggregate Year-to-Date ▼	1
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Amailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 Transaction ID: 20070928_42_15_22 Amount of Each Receipt this Period 83.33 Amount of Each Receipt this Period 1916.59	Full Name (Last, First, Middle Initial)	0 0 0 0 0 0 0 0 0	Data of Passint
Washington DC 20004-2601 Amount of Each Receipt this Period EC San Period San Period Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1916.59	Mailing Address 601 Pennsylvania Ave	NW	M M / D D / Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Occupation Vice President Aggregate Year-to-Date 1916.59	•	•	Transaction ID: 20070928_42_15_22 Amount of Each Receipt this Period
Plans Receipt For: Primary		C	83.33
Primary General Other (specify) ▼ 1916.59	<u>Plans</u>	Vice President	
SUBTOTAL of Receipts This Page (optional)	Primary General		
	SUBTOTAL of Receipts This Page (optional) .		249.99

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 206 (check only one) X
or for c	ormation copied from such Reports and St ommercial purposes, other than using the ME OF COMMITTEE (In Full) pericas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Sue Mail	Name (Last, First, Middle Initial) Rohan ing Address 601 Pennsylvania Ave South Bldg, Ste 500			Date of Receipt 10 15 2007
City		State	Zip Code	Transaction ID: 20071011-41
FEC	shington CID number of contributing eral political committee.	C	20004-2601	Amount of Each Receipt this Period 83.33
<u>Plar</u>	ne of Employer erica's Health Insurance ns eipt For: Primary General Other (specify)	Occupatio Vice Pres Aggregate		
. Sue	Name (Last, First, Middle Initial) Rohan ing Address 601 Pennsylvania Ave	NW		Date of Receipt
City	South Bldg, Ste 500	State	Zip Code	10 31 2007
•	shington	DC	20004-2601	Transaction ID: 20071102-43 Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	C		83.33
Am <u>Pla</u>		Occupatio Vice Pres		
Rec	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1916.59	
	Name (Last, First, Middle Initial) Rohan			Date of Receipt
	ing Address 601 Pennsylvania Ave South Bldg, Ste 500		7'o Code	11 1 15 2007
City Wa	shington	State DC	Zip Code 20004-2601	Transaction ID: 20071114-43 Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	C		83.33
<u>Plar</u>		Occupatio Vice Pres	sident	
Rec	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1916.59	
CLIDT	OTAL of Receipts This Page (optional)			249.99

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 206 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u>	Americas Health Insurance Plans PAC Full Name (Last, First, Middle Initial) Sue Rohan	(AHIP PAC	·)	Date of Receipt
••	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071201-43 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000 - 2001	83.33
	Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice Pres]
 3.	Full Name (Last, First, Middle Initial) Sue Rohan Mailing Address 601 Pennsylvania Ave	NW		Date of Receipt
	South Bldg, Ste 500	State	Zip Code	1 2 1 5 2 0 0 7 Transaction ID: 20071214-43
	<u>Washington</u>	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans	Occupatio Vice Pres		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1916.59]
_	Full Name (Last, First, Middle Initial) James Roosevelt	1		Date of Receipt
	Mailing Address 333 Wyman St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: be7e4e8b5581db7357
	Waltham FEC ID number of contributing federal political committee.	C	02451-1209	Amount of Each Receipt this Period 2000.00
	Name of Employer Tufts Health Plan	Occupatio CEO	n	7
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2000.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		2166.66

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	d Statements may not be sold or used by any persor the name and address of any political committee to s AC (AHIP PAC)	for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) James R. Savage Mailing Address 500 Bachtel SE City North Canton FEC ID number of contributing federal political committee. Name of Employer AultCare	State Zip Code OH 44720 C Occupation Manager Underwriting	Date of Receipt M M
Receipt For: Primary General Other (specify) ▼	Manager, Underwriting Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Melissa Shelton Mailing Address 3371 Hadrian Circle	, NW	Date of Receipt M
City	State Zip Code	Transaction ID: 85c5f79f056dfeb20eb
Canton	OH 44708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Aultcare	Occupation Associate Vice President	1
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Lisa Shreve	•	Date of Receipt
Mailing Address 12149 Darnley Rd South Bldg, Ste 500		09 15 7 2007
City	State Zip Code VA 22192-6615	Transaction ID: 20070917-42
Woodbridge FEC ID number of contributing federal political committee.	VA 22192-6615	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Vice President, Professional Programs	S
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.08	
SUBTOTAL of Receipts This Page (optional)	541.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 206 (check only one) X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personne name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PA	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 12149 Darnley Rd		Date of Receipt
City Woodbridge	State Zip Code VA 22192-6615	0 9 3 0 2 0 0 7 Transaction ID: 20070928_43_15_22
FEC ID number of contributing federal political committee.	C 22192-0013	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice President, Professional Programs Aggregate Year-to-Date 500.08	
Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 12149 Darnley Rd South Bldg, Ste 500		Date of Receipt
City Woodbridge	State Zip Code VA 22192-6615	Transaction ID: 20071011-42 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice President, Professional Programs Aggregate Year-to-Date 500.08	
Full Name (Last, First, Middle Initial) Lisa Shreve		Date of Receipt
Mailing Address 12149 Darnley Rd South Bldg, Ste 500		10 31 2007
City <u>Woodbridge</u>	State Zip Code VA 22192-6615	Transaction ID: 20071102-44 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Vice President, Professional Programs	3
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.08	
SUBTOTAL of Receipts This Page (optional)	>	125.01
TOTAL This Period (last page this line number	er only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 206 (check only one) X
(Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Americas Health Insurance Plans PAC	C (AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Lisa Shreve			Date of Receipt
	Mailing Address 12149 Darnley Rd South Bldg, Ste 500			11 1 15 2007
	City Woodbridge	State VA	Zip Code 22192-6615	Transaction ID: 20071114-44 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Professional Progran	ns
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.08	
_ 3.	Full Name (Last, First, Middle Initial) Lisa Shreve			Date of Receipt
	Mailing Address 12149 Darnley Rd South Bldg, Ste 500			11
	City Woodbridge	State VA	Zip Code 22192-6615	Transaction ID: 20071201-44 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	22192-0013	41.67
	Name of Employer America's Health Insurance Plans	. '	ident, Professional Progran	ns
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.08	
_ ;.	Full Name (Last, First, Middle Initial) Lisa Shreve			Date of Receipt
	Mailing Address 12149 Darnley Rd			1 2 1 5 2 0 0 7
	City	State	Zip Code	Transaction ID: 20071214-44
	Woodbridge FEC ID number of contributing federal political committee.	C	22192-6615	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Professional Progran	ns
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.08	
Γ	SUBTOTAL of Receipts This Page (optional)	I .		125.01

SCHEDULE A (FEC FITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In F	than using the name and	nay not be sold or used by any perso address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Americas Health Insurance	•	AC)	
Full Name (Last, First, Middle Lisa Shreve Mailing Address 12149 Da			Date of Receipt
South Bld	g, Ste 500		12 31 2007
City	State	Zip Code	Transaction ID: 280128-42
Woodbridge	VA	22192-6615	Amount of Each Receipt this Period
FEC ID number of contributino federal political committee.	C		41.67
Name of Employer America's Health Insurance	Occupa		
<u>Plans</u> Receipt For:		resident, Professional Program	ns
Primary Gener		ate Year-to-Date ▼	-
Other (specify) ▼	0	500.08	
Full Name (Last, First, Middle Charles Stellar	Initial)		Date of Receipt
	sylvania Ave NW g, Ste 500		07 16 YYYY 2007
City	State	Zip Code	Transaction ID: e758ae63773b3cd7ccf
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer America's Health Insurance Plans	Occupa Execut	tion ive V.P.	
Receipt For:	Aggreg	ate Year-to-Date ▼	
Primary Gener Other (specify) ▼		2000.00	
Full Name (Last, First, Middle Buck Stinson	Initial)		Date of Receipt
Mailing Address 6620 W E Bldg 4			08 13 7 9 9 9
City	State	Zip Code	Transaction ID: 1ea186760eeadad445
Richmond	VA	23230-1700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Genworth Financial	Occupa CEO	tion	
Receipt For:	Aggreg	ate Year-to-Date ▼	
Primary Gener Other (specify) ▼	al	500.00	
SUBTOTAL of Receipts This Pa	nge (ontional)		2541.67
SUBTUTAL OF NECERPLS THIS PE	ιge (υριισπαι <i>)</i>		
TOTAL This Period (last page th	nis 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 141 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personen name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PA	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Scott Styles Mailing Address 601 Pennsylvania Av	o NIM	Date of Receipt
South Building, Ste 5	500	07 13 7 2007
City	State Zip Code DC 20004-2601	Transaction ID: 20070715-44
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 204.35
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Svp, Government Affairs Aggregate Year-to-Date ▼ 4904.40	
Full Name (Last, First, Middle Initial) Scott Styles Mailing Address 601 Pennsylvania Av	ve NW	Date of Receipt
South Building, Ste 5	500	07 31 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070726-44 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20004 2001	204.35
Name of Employer America's Health Insurance Plans	Occupation Svp, Government Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4904.40	
Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt
Mailing Address 601 Pennsylvania Av South Building, Ste 5		08 15 2007
City	State Zip Code	Transaction ID: 20070815-43
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 204.35
Name of Employer America's Health Insurance Plans	Occupation Svp, Government Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4904.40	
SUBTOTAL of Receipts This Page (optional)		613.05
TOTAL This Period (last page this line numb	er only)	

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and ad	dress of any political committee to	solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Scott Styles Mailing Address 601 Pennsylvania Ave	NW		Date of Receipt
	South Building, Ste 50			08 31 2007
	City	State	Zip Code	Transaction ID: 20070829-44
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		204.35
	Name of Employer America's Health Insurance Plans	Occupatio Svp, Gov	n vernment Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	4904.40	
В.	Full Name (Last, First, Middle Initial) Scott Styles			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Building, Ste 50	0		09 / 15 / 2007
	City	State	Zip Code	Transaction ID: 20070917-43
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		204.35
	Name of Employer America's Health Insurance Plans Receipt For:	, 	n vernment Affairs e Year-to-Date ▼	
	Primary General Other (specify) ▼	, agrogate	4904.40	
С. С.	Full Name (Last, First, Middle Initial) Scott Styles			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Building, Ste 50			09 30 2007
	City	State	Zip Code	Transaction ID: 20070928_44_15_22
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		204.35
	Name of Employer America's Health Insurance	Occupatio		
	Plans		vernment Affairs	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		4904.40	
	SUBTOTAL of Receipts This Page (optional)			613.05
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) Americas Health Insurance Plant	rts and Statements may not be sold or used by any persusing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt
Mailing Address 601 Pennsylva South Building	nia Ave NW Ste 500	10 15 7 9 9 9
City <u>Washington</u>	State Zip Code DC 20004-2601	Transaction ID: 20071011-43 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	204.35
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Svp, Government Affairs Aggregate Year-to-Date ▼ 4904.40	
Full Name (Last, First, Middle Initial) Scott Styles Mailing Address 601 Pennsylva		Date of Receipt
South Building City	State Zip Code	1 0 3 1 2 0 0 7 Transaction ID: 20071102-45
Washington FEC ID number of contributing	DC 20004-2601	Amount of Each Receipt this Period 204.35
federal political committee. Name of Employer America's Health Insurance	Occupation	
Plans Receipt For: Primary General Other (specify) ▼	Svp, Government Affairs Aggregate Year-to-Date ▼ 4904.40	
Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt
Mailing Address 601 Pennsylva South Building		1 1 1 5 2 0 0 7
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071114-45 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20004-2001	204.35
Name of Employer America's Health Insurance Plans	Occupation Svp, Government Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4904.40	
	otional)	613.05

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 206 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	and Statements may not be sold or used by any persong the name and address of any political committee to PAC (AHIP PAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Scott Styles Mailing Address 601 Pennsylvania	A NIM	Date of Receipt
South Building, Ste	e 500	11 30 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071201-45
FEC ID number of contributing federal political committee.	C 20004-2001	Amount of Each Receipt this Period 204.35
Name of Employer America's Health Insurance Plans	Occupation Svp, Government Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4904.40	
Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt
Mailing Address 601 Pennsylvania South Building, Ste	12 15 2007	
City	State Zip Code	Transaction ID: 20071214-45
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	204.35
Name of Employer America's Health Insurance	Occupation Svp, Government Affairs	
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify)	4904.40	
Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt
Mailing Address 601 Pennsylvania South Building, Ste		12 31 2007
City	State Zip Code	Transaction ID: 280128-43
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	204.35
Name of Employer America's Health Insurance Plans	Occupation Svp, Government Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4904.40	
SUBTOTAL of Receipts This Page (options	al)	613.05

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 206 (check only one) X
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	and Statements may not be sold or used by any persong the name and address of any political committee to s PAC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeanette Thornton	, , , , , , , , , , , , , , , , , , ,	Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 5	a Ave NW 500	07 13 7 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070715-45 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Director, Health Informatics Aggregate Year-to-Date ▼ 312.45	
Full Name (Last, First, Middle Initial) Jeanette Thornton Mailing Address 601 Pennsylvania	2 Ava NIM	Date of Receipt
South Bldg, Ste 8	500	07 31 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070726-45 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Director, Health Informatics	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 312.45	
Full Name (Last, First, Middle Initial) Jeanette Thornton		Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 5		08 15 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070815-44 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Director, Health Informatics	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 312.45	
SUBTOTAL of Receipts This Page (option	onal)	62.49

Any information copied from such Reports and Sta or for commercial purposes, other than using the rown for commercial purposes. Full Name (Last, First, Middle Initial) Jonathan Tilton Mailing Address 601 Pennsylvania Ave Nouth Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Jonathan Tilton	Aggregate Year-to-Date (AHIP PAC) State Zip Code DC 20004-2601 C Occupation Deputy Director, Strategic Communical Aggregate Year-to-Date	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Jonathan Tilton Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Jonathan Tilton	State Zip Code DC 20004-2601 C Occupation Deputy Director, Strategic Communical Aggregate Year-to-Date ▼ 499.92	Transaction ID: 20070715-46 Amount of Each Receipt this Period 20.83		
South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Jonathan Tilton	State Zip Code DC 20004-2601 C Occupation Deputy Director, Strategic Communical Aggregate Year-to-Date ▼ 499.92	Transaction ID: 20070715-46 Amount of Each Receipt this Period 20.83		
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jonathan Tilton	Occupation Deputy Director, Strategic Communical Aggregate Year-to-Date 499.92	Amount of Each Receipt this Period 20.83		
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Jonathan Tilton	Occupation Deputy Director, Strategic Communica Aggregate Year-to-Date 499.92	20.83		
America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Jonathan Tilton	Deputy Director, Strategic Communication Aggregate Year-to-Date ▼ 499.92			
Primary General Other (specify) Full Name (Last, First, Middle Initial) Jonathan Tilton	499.92	Date of Receipt		
Jonathan Tilton	NW	Date of Receipt		
Mailing Address 601 Pennsylvania Ave N		M M / D D / Y Y Y Y		
South Bldg, Ste 500	South Bldg, Ste 500			
City	State Zip Code	Transaction ID: 20070726-46		
Washington	DC 20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	20.83		
Name of Employer America's Health Insurance	Occupation			
Plans	Deputy Director, Strategic Communica	1i -		
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	499.92			
Full Name (Last, First, Middle Initial) Jonathan Tilton		Date of Receipt		
Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500		08 15 2007		
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070815-45		
	DC 20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	20.83		
Name of Employer America's Health Insurance <u>Plans</u> Receipt For:	Occupation Deputy Director, Strategic Communica	di		
Primary General	Aggregate Year-to-Date ▼			
Other (specify) ▼	499.92			
SUBTOTAL of Receipts This Page (optional)	>	62.49		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sche for each category of Detailed Summary	of the
or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Jonathan Tilton Mailing Address 601 Pennsylvania Ave	NIM	Date of Receipt
South Bldg, Ste 500		08 31 2007
City	State Zip Code DC 20004-2601	Transaction ID: 20070829-46
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Deputy Director, Strategic C Aggregate Year-to-Date ▼	Communicati 99.92
Full Name (Last, First, Middle Initial) Jonathan Tilton		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW	09 / 15 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20070917-45
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, Strategic C	Communica l i
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	99.92
Full Name (Last, First, Middle Initial) Jonathan Tilton		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW	0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20070928_46_15_2
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, Strategic C	Communicati
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	99.92
SUBTOTAL of Receipts This Page (optional) .		62.49

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 206 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the commercial purposes.	d Statements may	v not be sold or used by any perso	13 14 15 16 16 17 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans Pa			
Full Name (Last, First, Middle Initial) Jonathan Tilton			Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20071011-45
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer	Occupatio	n	
America's Healfh Insurance Plans		Director, Strategic Communic	ea l i
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	499.92	
Full Name (Last, First, Middle Initial) Jonathan Tilton			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			10 31 7 9 9 9
City	State	Zip Code	Transaction ID: 20071102-47
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupatio Deputy D	n Director, Strategic Communic	
Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 499.92	
Full Name (Last, First, Middle Initial) Jonathan Tilton			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			1 1 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20071114-47
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupatio Deputy D	n Director, Strategic Communic	cati
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	499.92	
			62.49

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 149 / 206 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person ne name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Jonathan Tilton Mailing Address 601 Pennsylvania Av	o NIW	Date of Receipt
South Bldg, Ste 500	6 1444	11 30 2007
City	State Zip Code	Transaction ID: 20071201-47
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, Strategic Communica	di
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	499.92	
Full Name (Last, First, Middle Initial) Jonathan Tilton	ı	Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500		12 15 2007
City	State Zip Code	Transaction ID: 20071214-47
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance	Occupation].
Plans	Deputy Director, Strategic Communica	.11 -1
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	499.92	
Full Name (Last, First, Middle Initial) Jonathan Tilton		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500		12 31 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 280128-45
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance	Occupation]
Plans	Deputy Director, Strategic Communica	데 -
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	499.92	
SUBTOTAL of Receipts This Page (optional)		62.49
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	Statements may not be sold or used by any persone name and address of any political committee to C (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patricia Trebino Mailing Address 142 Manning St City Needham FEC ID number of contributing federal political committee. Name of Employer Tufts Health Plan Receipt For: Primary General Other (specify)	State Zip Code MA 02494-1541 C Occupation SVP of Operations, CIO Aggregate Year-to-Date 500.00	Date of Receipt M M O O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) Aaron Tucker Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation Legislative and Regulatory Analyst Aggregate Year-to-Date 250.08	Date of Receipt M M J D D J Z D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Aaron Tucker Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation Legislative and Regulatory Analyst Aggregate Year-to-Date 250.08	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 5 2 0 0 7 Transaction ID: 20071114-48 Amount of Each Receipt this Period 10.42
SUBTOTAL of Receipts This Page (optional)		520.84

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PAG	C (AHIP PAC)	-
Full Name (Last, First, Middle Initial) Aaron Tucker Mailing Address 601 Pennsylvania Ave	≥ NW	Date of Receipt
South Bldg, Ste 500		11 30 2007
City	State Zip Code	Transaction ID: 20071201-48
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer America's Health Insurance Plans	Occupation Legislative and Regulatory Analyst	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.08	
Full Name (Last, First, Middle Initial) Aaron Tucker		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500		12 15 2007
City	State Zip Code	Transaction ID: 20071214-48
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer America's Health Insurance Plans	Occupation Legislative and Regulatory Analyst	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.08	
Full Name (Last, First, Middle Initial) Aaron Tucker		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500		12 31 2007
City	State Zip Code	Transaction ID: 280128-46
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer America's Health Insurance Plans	Occupation Legislative and Regulatory Analyst	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.08	
SUBTOTAL of Receipts This Page (optional)		31.26
TOTAL This Period (last page this line number	· ·	

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 206 (check only one) X
or for commercial purposes, other	er than using the name and ac	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Michael Tuffin Mailing Address 601 Pen South Bl	e Initial) nsylvania Ave NW dg, Ste 500		Date of Receipt 0 7 1 3 2 0 0 7
City	State	Zip Code	Transaction ID: 20070715-48
Washington FEC ID number of contributir federal political committee.	DC C	20004-2601	Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans Receipt For: Primary Gene Other (specify) ▼	Aggregat	ve Vice President ve Year-to-Date ▼ 3949.97	
	nsylvania Ave NW		Date of Receipt
South BI	dg, Ste 500 State	Zip Code	0 7 3 1 2 0 0 7 Transaction ID: 20070726-48
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans	1	ve Vice President	
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 3949.97	
Full Name (Last, First, Middle Michael Tuffin	e Initial)		Date of Receipt
South BI	nsylvania Ave NW dg, Ste 500	70.0.4	08 15 2007
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070815-47 Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.		1 1 1 1 1	325.00
Name of Employer America's Health Insurance Plans		ve Vice President	
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 3949.97	
SUBTOTAL of Receipts This F	Page (ontional)		575.00

SCHEDULE A	A (FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only only only only only only only only	
Any information copi or for commercial pu	rposes, other than using the r	atements may	y not be sold or used by any pers dress of any political committee t	on for the purpo o solicit contribu	se of soliciting contributions tions from such committee.
\	th Insurance Plans PAC	(AHIP PAC	C)		
Michael Tuffin	First, Middle Initial)			Date of F	•
Mailing Address	601 Pennsylvania Ave N South Bldg, Ste 500	VVV		0 8	31 2007
City	•	State	Zip Code	Transact	ion ID: 20070829-48
Washington		DC	20004-2601	Amount of	of Each Receipt this Period
FEC ID number of federal political co		С			208.33
Name of Employe America's Health Plans	r Insurance	Occupatio Executive	n e Vice President		
Receipt For:		Aggregate	e Year-to-Date ▼		
Primary Other (spec	☐ General		3949.97		
Full Name (Last, Michael Tuffin	First, Middle Initial)			Date of F	Receipt
Mailing Address	601 Pennsylvania Ave N South Bldg, Ste 500		7.0	0 9	15 2007
City Washington		State DC	Zip Code 20004-2601		ion ID: 20070917-47
FEC ID number of federal political co		C	20004-2001	Amount	of Each Receipt this Period 208.33
Name of Employe America's Health Plans	r Insurance	Occupatio Executive	n e Vice President		
Receipt For:		Aggregate	e Year-to-Date ▼		
Primary Other (spec	☐ General		3949.97		
Full Name (Last, Michael Tuffin	First, Middle Initial)			Date of F	Receipt
Mailing Address	601 Pennsylvania Ave N South Bldg, Ste 500		7.0	0 9	30 2007
City Washington		State DC	Zip Code 20004-2601		ion ID: 20070928_48_15_22
FEC ID number of federal political co		C	20004-2001	Amount	of Each Receipt this Period 208.33
Name of Employe America's Health Plans	er Insurance	Occupatio Executive	n e Vice President		
Receipt For: Primary Other (spec	General	Aggregate	e Year-to-Date ▼ 3949.97		
Other (spec	'''1) ▼		0 0 0 0 0 0 0	1	
SUBTOTAL of Rec	eipts This Page (optional)			<u> </u>	624.99
TOTAL This Period	l (last page this line number o	nly)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 206 (check only one) X
or f	r information copied from such Reports and Si or commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ <u></u>	Full Name (Last, First, Middle Initial) Michael Tuffin Mailing Address 601 Pennsylvania Ave	`	,	Date of Receipt
	South Bldg, Ste 500 City	State	Zip Code	Transaction ID: 20071011-47
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 208.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		e Vice President • Year-to-Date ▼ 3949.97	
3 .	Full Name (Last, First, Middle Initial) Michael Tuffin Mailing Address 601 Pennsylvania Ave	NW		Date of Receipt 1 0 3 1 2 0 0 7
	South Bldg, Ste 500 City	State	Zip Code	Transaction ID: 20071102-49
•	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 208.33
-	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		e Vice President Year-to-Date ▼ 3949.97	1
	Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071114-49 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004-2001	208.33
	Name of Employer America's Health Insurance Plans		e Vice President	
	Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 3949.97	
SU	JBTOTAL of Receipts This Page (optional)			624.99

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for eac	eparate schedule(s) th category of the ad Summary Page	FOR LINE NUMBER: PAGE 155 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and address of a	old or used by any persony political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u>/</u>	Full Name (Last, First, Middle Initial) Michael Tuffin Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		Date of Receipt 1 1 3 0 2 0 0 7
	City	State Zip C	Code	Transaction ID: 20071201-49
	Washington	DC 2000	04-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		208.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Executive Vice Pr Aggregate Year-to-D		
	Full Name (Last, First, Middle Initial) Michael Tuffin Mailing Address 601 Pennsylvania Ave	NI\A/		Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	INVV		12 15 2007
	City	State Zip C		Transaction ID: 20071214-49
	Washington FEC ID number of contributing federal political committee.	DC 2000	04-2601	Amount of Each Receipt this Period 208.33
	Name of Employer America's Health Insurance Plans	Occupation Executive Vice Pr	resident	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-E	Pate ▼ 3949.97	
	Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500			12 31 7 2007
	City Washington	State Zip C	Code 04-2601	Transaction ID: 280128-47
	FEC ID number of contributing federal political committee.	C 2000	14-2001	Amount of Each Receipt this Period 208.33
	Name of Employer America's Health Insurance Plans	Occupation Executive Vice Pr		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-E	9ate ▼ 3949.97	
s	UBTOTAL of Receipts This Page (optional)			624.99

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 206 (check only one) X		
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	and Statements may not be sold or used by any persoring the name and address of any political committee to see PAC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Rod Turner		Date of Receipt		
Mailing Address 601 Pennsylvania South Bldg, Ste 5		0 7 1 3 2 0 0 7		
City	State Zip Code	Transaction ID: 20070715-49		
Washington	DC 20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	83.33		
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Chief Actuary/Vice President, Product Aggregate Year-to-Date ▼ 1624.98			
Full Name (Last, First, Middle Initial) Rod Turner		Date of Receipt		
	• • • • • • • • • • • • • • • • • • •			
	South Bldg, Ste 500 City State Zip Code			
Washington	DC 20004-2601	Transaction ID: 20070726-49 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	83.33		
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Chief Actuary/Vice President, Product Aggregate Year-to-Date ▼ 1624.98			
Full Name (Last, First, Middle Initial) Rod Turner		Date of Receipt		
Mailing Address 601 Pennsylvania South Bldg, Ste 5		0 8 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070815-48 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	83.33		
Name of Employer America's Health Insurance Plans	Occupation Chief Actuary/Vice President, Product			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1624.98			
SUBTOTAL of Receipts This Page (option	onal)	249.99		

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 / 206 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Rod Turner		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	08 31 2007
City	State Zip Code	Transaction ID: 20070829-49
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Chief Actuary/Vice President, Produ	ct
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1624.98	
Full Name (Last, First, Middle Initial) Rod Turner	1	Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	0 9 1 5 2 0 0 7
City	State Zip Code	Transaction ID: 20070917-48
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Chief Actuary/Vice President, Produ	ct
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1624.98	
Full Name (Last, First, Middle Initial) Rod Turner		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	0 9 3 0 Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20070928_49_15_2
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Chief Actuary/Vice President, Produ	ct
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1624.98	
SUBTOTAL of Receipts This Page (optional)		125.01

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	and Statements may not be sold or used by any person g the name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rod Turner Mailing Address 601 Pennsylvania	Ave NW	Date of Receipt
South Bldg, Ste 50 City Washington		Transaction ID: 20071011-48 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Chief Actuary/Vice President, Product Aggregate Year-to-Date 1624.98	
Full Name (Last, First, Middle Initial) Rod Turner Mailing Address 601 Pennsylvania South Bldg, Ste 50		Date of Receipt 1 0 3 1 2 0 0 7
City	State Zip Code	Transaction ID: 20071102-50
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Chief Actuary/Vice President, Product Aggregate Year-to-Date 1624.98	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50	0	1 1 1 5 2 0 0 7
City	State Zip Code	Transaction ID: 20071114-50
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Chief Actuary/Vice President, Product	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1624.98	
SUBTOTAL of Receipts This Page (option	al)	125.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 206 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	Statements may not be sold or used by any persone name and address of any political committee to AC (AHIP PAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rod Turner Mailing Address 601 Pennsylvania Av South Bldg, Ste 500		Date of Receipt 1 1 3 0 2 0 0 7
City	State Zip Code	Transaction ID: 20071201-50
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Chief Actuary/Vice President, Product Aggregate Year-to-Date 1624.98	<u>t</u>
Full Name (Last, First, Middle Initial) Rod Turner Mailing Address 601 Pennsylvania Av	e NW	Date of Receipt
South Bldg, Ste 500 City	State Zip Code	12 15 2007
Washington	DC 20004-2601	Transaction ID: 20071214-50 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Chief Actuary/Vice President, Produc	t
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1624.98	
Full Name (Last, First, Middle Initial) Rod Turner		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500		12 31 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 280128-48
FEC ID number of contributing federal political committee.	C 20004-2001	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Chief Actuary/Vice President, Produc	t
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1624.98	
SUBTOTAL of Receipts This Page (optional)		125.01
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 / 206 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans I	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) I. Steven Udvarhelyi			Date of Receipt
Mailing Address 1901 Market St			M M / D D / Y Y Y Y Y 1 1 1 5 2 0 0 7
City Philadelphia	State PA	Zip Code 19103-1475	Transaction ID: 32550c4655722d192 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Independence Blue Cross	Occupation CMO	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt
Mailing Address 107 Chocolay Downs Golf Dr			07 13 Y Y Y Y Y Y Y
City Marquette	State MI	Zip Code 49855-9542	Transaction ID: 20070715-50
FEC ID number of contributing federal political committee.	C	49030-9042	Amount of Each Receipt this Period 45.00
Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Director, Federal Legislative A	A
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1080.00	
Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt
Mailing Address 107 Chocolay Dow	ns Golf Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marquette	State MI	Zip Code 49855-9542	Transaction ID: 20070726-50
FEC ID number of contributing federal political committee.	C	49000-9042	Amount of Each Receipt this Period 45.00
Name of Employer America's Health Insurance Plans	 	Director, Federal Legislative A	4
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1080.00	
SUBTOTAL of Receipts This Page (options	al)		340.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 206 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Americas Health Insurance Plans Page 1	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 107 Chocolay Down: South Bldg, Ste 500 City	s Golf Dr	Zip Code	Date of Receipt M
Marguette	MI	·	
FEC ID number of contributing federal political committee.	C	49855-9542	Amount of Each Receipt this Period 45.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	- 	n tirector, Federal Legislative Year-to-Date ▼ 1080.00	A
Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 107 Chocolay Down: South Place Ste 500	s Golf Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
South Bldg, Ste 500	State	Zip Code	Transaction ID: 20070829-50
Marguette	MI	49855-9542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	43000-3042	45.00
Name of Employer America's Health Insurance Plans Receipt For:		n virector, Federal Legislative of Year-to-Date ▼	A
Primary General Other (specify) ▼	Aggregate	1080.00	
Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt
Mailing Address 107 Chocolay Down- South Bldg, Ste 500		7'. 0.1	09 / 15 / 2007
City Marquette	State MI	Zip Code 49855-9542	Transaction ID: 20070917-49
FEC ID number of contributing federal political committee.	C	49000-9042	Amount of Each Receipt this Period 45.00
Name of Employer America's Health Insurance Plans		rector, Federal Legislative	A
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1080.00	
SUBTOTAL of Receipts This Page (optional))	135.00
TOTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 206 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	and Statements may not be sold or used by any person g the name and address of any political committee to a PAC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 107 Chocolay Dov	vns Golf Dr	Date of Receipt
City Marquette FEC ID number of contributing	State Zip Code MI 49855-9542	0 9 3 0 2 0 0 7 Transaction ID: 20070928_50_15_22 Amount of Each Receipt this Period 45.00
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify)	Occupation Deputy Director, Federal Legislative A Aggregate Year-to-Date 1080.00	_
Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 107 Chocolay Dov South Bldg, Ste 50	vns Golf Dr 00 State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Marquette FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Deputy Director, Federal Legislative A Aggregate Year-to-Date 1080.00	Amount of Each Receipt this Period 45.00
Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 107 Chocolay Dov South Bldg, Ste 50		Date of Receipt 1 0 3 1 2 0 0 7
City Marquette FEC ID number of contributing federal political committee.	State Zip Code MI 49855-9542 C	Transaction ID: 20071102-51 Amount of Each Receipt this Period 45.00
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Deputy Director, Federal Legislative A Aggregate Year-to-Date ▼ 1080.00	
SUBTOTAL of Receipts This Page (option	nal)	135.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 163 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans F	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Mark Van Koevering	0.1/0	Date of Receipt
Mailing Address 107 Chocolay Down South Bldg, Ste 500		11 15 2007
City	State Zip Code	Transaction ID: 20071114-51
Marquette FEC ID number of contributing federal political committee.	MI 49855-9542	Amount of Each Receipt this Period 45.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Deputy Director, Federal Legislative A Aggregate Year-to-Date 1080.00	
Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 107 Chocolay Dow	ns Golf Dr	Date of Receipt
South Bldg, Ste 500)	11 30 2007
City Marquette	State Zip Code MI 49855-9542	Transaction ID: 20071201-51
FEC ID number of contributing federal political committee.	C 49033-9342	Amount of Each Receipt this Period 45.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General	Occupation Deputy Director, Federal Legislative A Aggregate Year-to-Date	<u>. </u>
Other (specify)	1080.00	
Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt
Mailing Address 107 Chocolay Dow	ns Golf Dr	1 2 1 5 2 0 0 7
City	State Zip Code	Transaction ID: 20071214-51
Marquette FEC ID number of contributing federal political committee.	MI 49855-9542	Amount of Each Receipt this Period 45.00
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, Federal Legislative A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	
SUBTOTAL of Receipts This Page (optional	il)	135.00
TOTAL This Period (last page this line num	ber only)	

South Bidg, Ste 500 City Marquette MI MI M9855-9542 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Daniel Vigil Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Daniel Vigil Daniel Vigil Name of Employer America's Health Insurance Plans Receipt For: Name of Employer America's Health Insurance Plans Receipt For: Primary General Occupation Deputy Director, State Publications Aggregate Year-to-Date ▼ Transaction ID: Amount of Each Transaction ID: Amount of Each Transaction ID: Amount of Each Deceipt For: Primary Occupation Deputy Director, State Publications Plans Primary General Other (specify) ▼ Date of Receipt Transaction ID: Amount of Each Decupation Deputy Director, State Publications Date of Receipt Transaction ID: Amount of Each Transaction ID: Amount of Each Transaction ID: Transaction ID: Amount of Each Decupation	R: PAGE 164 / 206 11c 12 15 16 17
Mark Van Koevering Mailing Address 107 Chocolay Downs Golf Dr South Bldg, Ste 500 City Marquette FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City Washington Name of Employer America's Health Insurance Plans C C Date of Receipt M 1 2 1 2 5 7 Transaction ID: Amount of Each Transaction ID: Amount of Each Date of Receipt M 1 2 1 5 5 7 Transaction ID: Amount of Each Date of Receipt M 2 1 2 1 5 5 7 Transaction ID: Amount of Each Date of Receipt M 3 1 2 1 5 5 7 Transaction ID: Amount of Each DC 20004-2601 Amount of Each FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address GO1 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Transaction ID: Date of Receipt M 1 2 1 2 5 5 7 Transaction ID: Date of Receipt Transaction ID: Date of Receipt Transaction ID: Date of Receipt Transaction ID: Transaction ID: Amount of Each Transaction ID: Mailing Address Transaction ID: Amount of Each Transaction ID: Transaction ID: Amount of Each Transaction ID: Transaction	om such committee.
Marquette MI 49855-9542 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary	31 2007
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	
Plans Receipt For: Primary General Other (specify) ▼	Receipt this Period 45.00
Daniel Vigil Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City Washington DC DC DC DC DC DC Amount of Each FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State State Zip Code Date of Receipt Amount of Each Date of Receipt Transaction ID: Amount of Each Date of Receipt Transaction ID: Date of Receipt Amount of Each Date of Receipt Transaction ID: Date of Receipt	
City Washington DC 20004-2601 Amount of Each FEC ID number of contributing federal political committee. Name of Employer America's Healfh Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City Washington DC State Zip Code Transaction ID: Transaction ID: Transaction ID: Amount of Each Transaction ID: Amount of Each Transaction ID: Amount of Each Transaction ID: Transaction ID: Amount of Each C Name of Employer America's Healfh Insurance Plans Occupation Deputy Director, State Publications	D / Y · Y · Y · Y
Washington DC 20004-2601 Amount of Each FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Name of Employer America's Health Insurance Plans Occupation DC 20004-2601 Amount of Each Amount of Each Transaction ID: Amount of Each Occupation Deputy Director, State Publications Deputy Director, State Publications	2007
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Transaction ID: Washington DC 20004-2601 Name of Employer America's Health Insurance Plans Occupation Date of Receipt Transaction ID: Amount of Each C Occupation DC 20004-2601 Amount of Each Deputy Director, State Publications	
America's Healfh Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer America's Healfh Insurance Plans Deputy Director, State Publications Aggregate Year-to-Date ▼ Too.00 Date of Receipt Date of Receipt Transaction ID: Amount of Each Occupation Deputy Director, State Publications	31.25
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Primary General 750.00 Date of Receipt Transaction ID: Amount of Each Occupation Deputy Director, State Publications	
Daniel Vigil Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington DC 20004-2601 Amount of Each Transaction ID: Amount of Each Name of Employer America's Health Insurance Plans Date of Receipt M 7 D 3 Transaction ID: Amount of Each Occupation Deputy Director, State Publications	
South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans State Zip Code Transaction ID: Amount of Each Occupation Deputy Director, State Publications	
Washington DC 20004-2601 Amount of Each FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Occupation Deputy Director, State Publications	2007
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Occupation Deputy Director, State Publications	
Plans Deputy Director, State Publications	31.25
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 750.00	
SUBTOTAL of Receipts This Page (optional)	107.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 / 206 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P.	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania A' South Bldg, Ste 500		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601 C	Transaction ID: 20070815-50 Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Deputy Director, State Publications Aggregate Year-to-Date 750.00	
Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania A South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	State Zip Code DC 20004-2601 C Occupation Deputy Director, State Publications Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 20070829-51 Amount of Each Receipt this Period 31.25
Under (specify) ▼ Full Name (Last, First, Middle Initial) Daniel Vigil	750.00	Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Deputy Director, State Publications Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional))	93.75

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
(Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	e name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Daniel Vigil		,	Date of Receipt
•	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 20070928_51_15_22
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		31.25
	Name of Employer America's Health Insurance	Occupation	irector, State Publications	
	Plans Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 750.00	
– В.	Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	Transaction ID: 20071011-50		
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		31.25
	Name of Employer America's Health Insurance Plans	Occupation Deputy D	irector, State Publications	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
_ C.	Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	• NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071102-52 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		31.25
	Name of Employer America's Health Insurance Plans	Occupation Deputy D	irector, State Publications	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)	1		93.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Y)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167/206 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	estical contributions in our committee.		
Americas Health Insurance Plans P	PAC (AHIP PAC	5)	
Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500	ve NW)		11 15 7 2007
City	State	Zip Code	Transaction ID: 20071114-52
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Director, State Publications	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		750.00	
Full Name (Last, First, Middle Initial) Daniel Vigil	I		Date of Receipt
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500			11 30 7 9 9 9
City	State	Zip Code	Transaction ID: 20071201-52
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Director, State Publications	
Receipt For:		Year-to-Date V	
Primary General Other (specify) ▼		750.00	
Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			12 15 2007
City	State	Zip Code	Transaction ID: 20071214-52
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Pirector, State Publications	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	750.00	
			93.75

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania Ave	a NIW	Date of Receipt
South Bldg, Ste 500	2 144V	12 31 2007
City	State Zip Code	Transaction ID: 280128-50
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer America's Health Insurance	Occupation Deputy Director, State Publications	
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Kelly Vogel	1	Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW	07 13 7 2007
City	State Zip Code	Transaction ID: 20070715-52
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.83
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2374.94	
Full Name (Last, First, Middle Initial) Kelly Vogel		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW	07 31 2007
City	State Zip Code	Transaction ID: 20070726-52
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2374.94	
SUBTOTAL of Receipts This Page (optional) .		72.91
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 / 206 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	nd Statements may not be sold or used by any persithe name and address of any political committee to PAC (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kelly Vogel Mailing Address 601 Pennsylvania A South Bldg, Ste 500		Date of Receipt 0 8 1 5 2 0 0 7
City Washington FEC ID number of contributing	State Zip Code DC 20004-2601	Transaction ID: 20070815-51 Amount of Each Receipt this Period 20.83
Receipt For: Primary Other (specify)	Occupation VP, Federal Affairs Aggregate Year-to-Date 2374.94	
Full Name (Last, First, Middle Initial) Kelly Vogel Mailing Address 601 Pennsylvania A South Bldg, Ste 500 City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation VP, Federal Affairs Aggregate Year-to-Date 2374.94	Amount of Each Receipt this Period 20.83
Full Name (Last, First, Middle Initial) Kelly Vogel Mailing Address 601 Pennsylvania A		Date of Receipt 0 9 1 5 2 0 0 7
South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	Transaction ID: 20070917-51 Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP, Federal Affairs Aggregate Year-to-Date 2374.94	
SUBTOTAL of Receipts This Page (optional]	62.49

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 170 / 206 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kelly Vogel Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation VP, Federal Affairs Aggregate Year-to-Date 2374.94	Date of Receipt M M M D D D Z D Z D D Z D D Z D D Z D D Z D D D Z D D D Z D
Full Name (Last, First, Middle Initial) Kelly Vogel Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation VP, Federal Affairs Aggregate Year-to-Date 2374.94	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: b5a165089ba426c08ba Amount of Each Receipt this Period 2000.00
Full Name (Last, First, Middle Initial) Duane Wright Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation Executive Director, Legislative Affai Aggregate Year-to-Date	Date of Receipt M M J D D D J 2 0 0 7 Transaction ID: 20070715-54 Amount of Each Receipt this Period 62.50
SUBTOTAL of Receipts This Page (optional) .		2083.33

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	fo	se separate schedule(s) or each category of the letailed Summary Page	FOR LINE NUMBER: PAGE 171 / 206 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Duane Wright Mailing Address 601 Pennsylvania	Ave NW		Date of Receipt
South Bldg, Ste 50 City Washington	0	Zip Code 20004-2601	0 7 3 1 2 0 0 7 Transaction ID: 20070726-54 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Executive Dir Aggregate Yea	rector, Legislative Affair r-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Duane Wright Mailing Address 601 Pennsylvania South Bldg, Ste 50			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Zip Code	Transaction ID: 20070815-53
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Executive Dir Aggregate Yea	rector, Legislative Affair r-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Duane Wright	•		Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50	0		08 / 31 / 2007
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070829-54 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000-2001	62.50
Name of Employer America's Health Insurance Plans Receipt For:		rector, Legislative Affair	
Primary General Other (specify) ▼	Aggregate Yea	1500.00	
SUBTOTAL of Receipts This Page (option	al)		187.50

Any information copied from such Reports and Stat or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (Full Name (Last, First, Middle Initial) Duane Wright Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	ame and address of any political committee to s	Date of Receipt Date of Receipt
Duane Wright Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	State Zip Code DC 20004-2601 C Occupation Executive Director, Legislative Affair Aggregate Year-to-Date 1500.00	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	Occupation Executive Director, Legislative Affair Aggregate Year-to-Date 1500.00	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	Occupation Executive Director, Legislative Affair Aggregate Year-to-Date 1500.00	
Plans Receipt For: Primary General	Executive Director, Legislative Affair Aggregate Year-to-Date ▼ 1500.00	-
Full Name (Last, First, Middle Initial) Duane Wright Mailing Address 601 Pennsylvania Ave N	W	Date of Receipt
South Bldg, Ste 500	State Zip Code	0 9 3 0 2 0 0 7
Washington	DC 20004-2601	Transaction ID: 20070928_54_15_22 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Executive Director, Legislative Affair Aggregate Year-to-Date	- -
Primary General Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) Duane Wright		Date of Receipt
Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500		10 15 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071011-52
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans	Occupation Executive Director, Legislative Affair	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)	>	187.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 173 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	d Statements may not be sold or used by any per- the name and address of any political committee AC (AHIP PAC)	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Duane Wright Mailing Address 601 Pennsylvania A South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:		Date of Receipt M M M / B B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) Duane Wright Mailing Address 601 Pennsylvania A South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance	ve NW State Zip Code DC 20004-2601 C	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Duane Wright Mailing Address 601 Pennsylvania A South Bldg, Ste 500		Date of Receipt 1 1 3 0 4 2 0 0 7
City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation Executive Director, Legislative Affai Aggregate Year-to-Date 1500.00	Transaction ID: 20071201-54 Amount of Each Receipt this Period 62.50
SUBTOTAL of Receipts This Page (optional)	187.50

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 174 / 206 (check only one) X
or for commercial purposes, other NAME OF COMMITTEE (In	her than using the name and ac	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
South E	nnsylvania Ave NW Bldg, Ste 500		Date of Receipt 1 2 1 5 2 0 0 7
City	State	Zip Code	Transaction ID: 20071214-54
Washington FEC ID number of contribut federal political committee.	ing C	20004-2601	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary Ger Other (specify) ▼	Executiv	on ve Director, Legislative Affair te Year-to-Date ▼ 1500.00	
Full Name (Last, First, Midd Duane Wright Mailing Address 601 Per	lle Initial)		Date of Receipt
-	Bldg, Ste 500		12 31 2007
City	State DC	Zip Code	Transaction ID: 280128-52
Washington FEC ID number of contribut federal political committee.		20004-2601	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary Ger Other (specify) ▼	Executiv	on ve Director, Legislative Affair te Year-to-Date ▼ 1500.00	
Full Name (Last, First, Mido Marilyn Zigmund Luke	lle Initial)		Date of Receipt
Mailing Address 601 Per South E	nnsylvania Ave NW Bldg, Ste 500		M M / D D / Y Y Y Y Y 1 1 5 2 0 0 7
City	State	Zip Code	Transaction ID: 20071114-55
Washington FEC ID number of contribut federal political committee.	ing DC	20004-2601	Amount of Each Receipt this Period 10.00
Name of Employer America's Health Insurance Plans	Director	Private Market Regulation	
Receipt For: Primary Ger Other (specify) ▼	Aggregat neral	te Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This	Page (optional)		135.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 175 / 206 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	nd Statements may not be sold or used by any perso g the name and address of any political committee to PAC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marilyn Zigmund Luke Mailing Address 601 Pennsylvania A South Bldg, Ste 50	Ave NW	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20071201-55
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Director Private Market Regulation Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Marilyn Zigmund Luke Mailing Address 601 Pennsylvania A South Bldg, Ste 50		Date of Receipt 1 2 1 5 2 0 0 7
City	State Zip Code	Transaction ID: 20071214-55
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer America's Health Insurance Plans	Occupation Director Private Market Regulation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Marilyn Zigmund Luke Mailing Address 601 Pennsylvania A South Bldg, Ste 50		Date of Receipt 1 2 3 1 2 2 0 0 7
City	State Zip Code	Transaction ID: 280128-53
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer America's Health Insurance Plans	Occupation Director Private Market Regulation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (options	al)	30.00
TOTAL This Period (last page this line nun	·	80824.78

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 176 / 206 (check only one) 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	e name and add	lress of any political committee to	on for the purpose of soliciting contributions
A .	Full Name (Last, First, Middle Initial) Bluepac of Pennsylvania (Independence Blue Comparison of Policy Pol	State PA C COC Occupation	Zip Code 17106 0270967	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Genworth Financial Inc. Political Action Committe Mailing Address 6620 W. Broad Street City Richmond FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State VA C COC Occupation	Zip Code 23230	Date of Receipt M M
C .	Full Name (Last, First, Middle Initial) Medco Health Solutions Inc Political Action Com Mailing Address 591 Redwood Hwy. #4 Mail Stop E3-13 City Mill Valley FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State CA C COC Occupation	Zip Code 94941 0384362	Date of Receipt M
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		<u> </u>	8000.00

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 177 / 206
	EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b X 11c 12 13 14 15 16 17
	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a		
$\overline{\ }$	NAME OF COMMITTEE (In Full)		
\rangle	Americas Health Insurance Plans PAC (AHIP PA	AC)	
	Full Name (Last, First, Middle Initial) Mvp Health Care Inc Federal Pac		Date of Receipt
	Mailing Address 625 State Street		09 05 7 2007
	City State	Zip Code	Transaction ID: 01064-26174563169479
	Schenectady NY	12305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	00431429	5000.00
	Name of Employer Occupation	ion	
	Receipt For: Primary General Other (specify)	ate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<u> </u>	13000.00

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or for commercia NAME OF Commercia				27		24 25 2 28c 29 3
*	OMMITTEE (In Full) Health Insurance Plans PAC (A	ne and addres				
Full Name (La Bank of Am Mailing Addre					Transaction ID: 416 Date of Disbursement 0 7	
City Washington Purpose of D Wire Transfe Candidate Na	n isbursement r Fee	State DC	Zip Code 20005	001 Category/	Amount of Each Disb	ursement this Period
Office Sough	Senate President District:	sement For: Primary Other (spe	General ecify) ▼	Туре		
Full Name (La Bank of Am Mailing Addre					Transaction ID: 416 Date of Disbursement 0 7	
City Washington Purpose of D Wire Transfe Candidate Na	n isbursement er Fee ame t: House Disburs Senate	State DC	Zip Code 20005	001 Category/ Type	Amount of Each Disb	ursement this Period
Bank of Am		Other (spe	еспу) 🔻		Transaction ID: 049 Date of Disbursement 0 8	04-455089747905 t / 2 0 0 7
Mailing Addre	Second Floor	State DC	Zip Code 20005		Amount of Each Disb	ursement this Period
Purpose of D Wire Transfe Candidate Na	r Fee			001 Category/ Type		10.00
Office Sough State:	t: House Disburs Senate President District:	sement For: Primary Other (spe	General ecify) ▼			
	Disbursements This Page (optional))		>		30.00

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s))	(check o	NE NUMBER: PAGE 179 / 206
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 21b 27	22 23 24 25 28a 28b 28c 29
or f	r Information copied from such Reports and State or commercial purposes, other than using the nan				
1 \	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	HIP PAC)			
	Full Name (Last, First, Middle Initial) Bank of America				Transaction ID: 04904-23682802919 Date of Disbursement 0 8 M / D 2 9 / Y 2 0 0 7
	Mailing Address 730 15th Street, NW Second Floor				08 29 2007
	City Washington	State Zip Code DC 20005			Amount of Each Disbursement this Period
	Purpose of Disbursement Wire Transfer Fee Candidate Name		Ca	001 tegory/	10.00
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		Гуре	
	Full Name (Last, First, Middle Initial) Bank of America				Transaction ID: 59194-2430383563
	Mailing Address 730 15th Street, NW Second Floor				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Washington	State Zip Code DC 20005			Amount of Each Disbursement this Period
	Purpose of Disbursement Wire Transfer Fee			001	10.00
	Candidate Name		Ca	tegory/ Type	
	Office Sought: House Senate President State: District:	ement For: Primary General Other (specify) ▼			
	Full Name (Last, First, Middle Initial) Bank of America				Transaction ID: 59194-29479616880 Date of Disbursement
	Mailing Address 730 15th Street, NW Second Floor				0 9 M / 2 7 / Y 2 0 0 7 Y
	City Washington	State Zip Code DC 20005			Amount of Each Disbursement this Period
	Purpose of Disbursement Wire Transfer Fee Candidate Name			001 tegory/	10.00
				Гуре	
	Office Sought: Senate President State: Disburs Disburs State:	ement For: Primary General Other (specify) ▼			
	State. District.				30.00

SCHEDULE B (FEC Form 3X)		Use sepa	Use separate schedule(s)		FOR LINE NUMBER: PAGE 180 / 206 (check only one)		
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	X 21b 27	22 23 28a 28b	24 25 28c 29	
	y Information copied from such Reports and State for commercial purposes, other than using the national states.						
$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A		oo or ary pointour			66611	
<u> </u>	Full Name (Last, First, Middle Initial) Bank of America				Transaction ID:	85942-29497927427 ement	
	Mailing Address 730 15th Street, NW Second Floor				10 M / D	1 2007	
	City Washington	State DC	Zip Code 20005		Amount of Each	Disbursement this Period	
	Purpose of Disbursement Wire Transfer Fee Candidate Name			001 Category/		10.00	
	Office Sought: House Disburg Senate President State: District:	sement For: Primary Other (spe	☐ General ecify) ▼	Туре			
	Full Name (Last, First, Middle Initial) Bank of America				Transaction ID: 94817-58460634946 Date of Disbursement		
	Mailing Address 730 15th Street, NW Second Floor				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City Washington	State DC	Zip Code 20005		Amount of Each	Disbursement this Period	
	Purpose of Disbursement Wire Transfer Fee Candidate Name			001 Category/		10.00	
	Office Sought: House Senate President State: District:	sement For: Primary Other (spe	General ♥	Туре			
	Full Name (Last, First, Middle Initial) Bank of America				Transaction ID: 94817-06159609556 Date of Disbursement		
	Mailing Address 730 15th Street, NW Second Floor				111 / D 13 / Y 20	3 7 2007	
	City Washington	State DC	Zip Code 20005		Amount of Each	Disbursement this Period	
	Purpose of Disbursement Wire Transfer Fee Candidate Name			001 Category/		10.00	
	Office Sought: House Senate President State: District:	sement For: Primary Other (spe	General ecify) ▼	Туре			
_	2.55					30.00	

,	CHEDULE	B (FEC Form	3X)	Use sen	arate schedule(s)		FOR LINE		R:		F	PAGE	181 /	206
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		ed from such Reports rposes, other than usi												
	NAME OF COM	•	ing the nam	TIC AND AGGIC	33 of any pontical	COII	militiee to se	mon conti	ibuti	0113 11	om such	COIIII	milec	
		Ith Insurance Plans	s PAC (A	HIP PAC)										
	Full Name (Last, Bank of Ameri	First, Middle Initial)									: 94817 ement	-331	14260	4351
	Mailing Address	730 15th Street Second Floor	t, NW					1 1	М	D 2	29 /	Ý Ž	0 ŏ 7	Y
	City Washington			State DC	Zip Code 20005			Amou	ınt of	Each	Disburs	emen	t this P	eriod
	Purpose of Disbu Wire Transfer Fe					Г	001	L.					10.00)
	Candidate Name					С	ategory/ Type							
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	State:	District:												
	Full Name (Last, Bank of Ameri	First, Middle Initial) ca									: 39705 ement	-856	82314	6343
	Mailing Address	730 15th Street Second Floor	t, NW					1 ^M 2	М	1	^D 4	Ý Ž	0 ŏ 7	Υ
	City Washington			State DC	Zip Code 20005			Amou	ınt of	Each	Disburs	emen	t this P	eriod
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		First, Middle Initial)	<u>I</u>								: 39705 ement	-920	05556	8218
	Mailing Address	730 15th Street Second Floor	t, NW					1 ^M 2	М	D 2	27	ž	0 ŏ 7	Y
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	State:	District:			•									

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans PAC (A	HIP PAC)		
Full Name (Last, First, Middle Initial) Citibank			Transaction ID: 41690-63486880064011 Date of Disbursement
Mailing Address 1101 Pennsylvania Ave 11th Floor	NW		$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ V \\ V \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ V \\ V \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ V \\ V \end{smallmatrix} \begin{smallmatrix} Y \\ V \\ V \\ V \\ V \end{smallmatrix} \end{smallmatrix}$
City Washington	State Zip Code DC 20004		Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Service Fees		001	53.25
Candidate Name		Category/ Type	
Office Sought: Senate President State: Disburs Senate	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			T ID 44000 05704005500704
Citibank			Transaction ID: 41690-95701235532761 Date of Disbursement
Mailing Address 1101 Pennsylvania Ave 11th Floor	NW		$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 9 \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 0 \\ 0 & 0 & 7 \end{bmatrix}$
City Washington	State Zip Code DC 20004		Amount of Each Disbursement this Period
Purpose of Disbursement Amex Fees		001	31.00
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
Citibank			Transaction ID: 41690-94230288267136 Date of Disbursement
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City Washington	State Zip Code DC 20004		Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Service Fees		001	31.66
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	71-	
State: District:			
SUBTOTAL of Disbursements This Page (optional)		.	115.91

В.

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)		FOR (chec			UMBE	R:		PA	GE	183 /	206
ITEMIZED DISBURSEMENTS		category of the Summary Page		<u> </u>	1b	$\bigcap_{i=1}^{n}$	22 28a	2 2	3 8b	24 28c	F	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													,
NAME OF COMMITTEE (In Full)													
Americas Health Insurance Plans PAC (AF	IIP PAC)												
Full Name (Last, First, Middle Initial) Citibank								action			051	51003	3599166
Mailing Address 1101 Pennsylvania Ave, 11th Floor	NW						0 ^M 7	M /	^D 3	0 /	ž	0 ŏ 7	, ^Y
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Full Name (Last, First, Middle Initial) Citibank							Date	of Disk	ourse	ement	913	26540	708542
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,	State DC	Zip Code 20004					Amou	int of E	ach	Disburse	men		-
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Full Name (Last, First, Middle Initial) Citibank							Date	of Disk	ourse	ement			8052292
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Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼											
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C.

SCHEDULE B (FEC Fo	•		arate schedule(s)			OR LIN			R:			PAG	iE 1	184 /	206	
ITEMIZED DISBURSEM	IENTS		category of the Summary Page		_	21b 27		22 28a	П	23 28b	24		_	25 29	Н	26 30b
Any Information copied from such Re or for commercial purposes, other that																
NAME OF COMMITTEE (In Full)																
Americas Health Insurance I	Plans PAC (Al	HIP PAC)														
Full Name (Last, First, Middle Init Citibank	ial)									i on ID : isburs	04904 ement	1-82	2012	2575	864	792
Mailing Address 1101 Penn 11th Floor	sylvania Ave,	NW						0 ^M 8	М	[/] ^D 2	2 0 /	Υ	ž 0) ŏ 7	Υ	
City Washington		State DC	Zip Code 20004					Amou	nt o	f Each	Disbur	sem	ent t	this P	erio	b
Purpose of Disbursement Amex Fees					0	01		<u></u>					14	47.49	9	
Candidate Name				Са	ate	egory/ vpe										
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Americas Health Insurance Plans PAC (A	HIP PAC)		
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Full Name (Last, First, Middle Initial) Citibank					saction ID		2-087	6733	6606	 3979
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Americas Health Insurance Plans PAC (AH	IP PAC)						
Full Name (Last, First, Middle Initial) Citibank			Transacti Date of Di			01775	53892136
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Full Name (Last, First, Middle Initial) Citibank			Transaction ID: 39 Date of Disburseme	nt	
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City Washington	State Zip Code DC 20004		Amount of Each Dis	bursement	this Period
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NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Brady for Congress Mailing Address PO Box 8277 City State Zip Code TX 77387 Purpose of Disbursement 2008 Primary Contribution Candidate Name Rep. Kvether Distorsement 2008 Primary Contribution Clark for Congress Mailing Address 111-36 200th Street City State Zip Code TX 77387 Full Name (Last, First, Middle Initial) Clarke for Congress Mailing Address 111-36 200th Street City State Zip Code Type President Syny 11412 Purpose of Disbursement Disbursement For: 2008 Primary Contribution Clarke for Congress Mailing Address 111-36 200th Street City Senate President State: NY District: 11 Full Name (Last, First, Middle Initial) Clarke For Congress Mailing Address 438 Lewis Avenue City Senate President State Zip Code Type Committee To Re-Elect Ed Towns Mailing Address 438 Lewis Avenue City State Zip Code Type C		Deta	ailed Summary Page	21b	22 X 23 2 28a 28b 2	28c 29
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City State Zip Code TX 77387 Purpose of Disbursement 2008 Primary Contribution Candidate Name Rep. Kevin Brady Office Sought: X House President State: TX District: 08 Full Name (Last, First, Middle Initial) Candidate Name Rep. Vette Diana Clarke Office Sought: X House President State: NY District: 11 Full Name (Last, First, Middle Initial) Candidate Name Rep. Vette Diana Clarke Office Sought: X House President State: NY District: 11 Full Name (Last, First, Middle Initial) Candidate Name Rep. Yette Diana Clarke Office Sought: X House President State: NY District: 11 Full Name (Last, First, Middle Initial) Committe To Re-Elect Ed Towns Mailing Address Amount of Each Disbursement this Peric Transaction ID: 50174-6356164813 Date of Disbursement Ty 2 N / 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· · · ·	al)				
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	Mailing Address PO Box 50100 PO Box 50100					1 0		4	2 9			0 0 7	
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NAME OF COMMITTEE (In Full) Americas Health Insurance Plans		oo o. a.i, poilioa		
Full Name (Last, First, Middle Initial) Heather Wilson for Senate				Transaction ID: 50174-218212306499 Date of Disbursement
Mailing Address PO Box 14070 PO Box 14070				M 2 M / D 5 / Y 2 0 0 7
City Albuquerque	State NM	Zip Code 87191		Amount of Each Disbursement this Period
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Rep. Heather A. Wilson Office Sought: House	Disbursement For:	2008	Category/ Type	_
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Full Name (Last, First, Middle Initial) Help Elect America's Team (Hea	t Pac)			Transaction ID: 50174-12572878599 Date of Disbursement
Mailing Address 499 S. Capitol Suite 412	St., SW			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Washington	State DC	Zip Code 20003		Amount of Each Disbursement this Period
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Office Sought: House Senate President	Disbursement For: Primary X Other (spe	2007 General		
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City Seymour	State IN	Zip Code 47274		Amount of Each Disbursement this Period
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	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (Ah	IIP PAC)	
۱.	Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer for Congress		Transaction ID: 50174-7144128680229 Date of Disbursement
	Mailing Address 200 North Main St. PO B 200 North Main St. PO B	ox 712	12 05 2007
	City Monticello	State Zip Code IN 47960	Amount of Each Disbursement this Period
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	Rep. Stephen E. Buyer	Categ Typ	
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	Full Name (Last, First, Middle Initial) Issa for Congress		Transaction ID: 56964-3804284930229 Date of Disbursement
	Mailing Address PO Box 760		10 M / 29 / Y Y Y Y Y Y
	City Vista	State Zip Code CA 92085	Amount of Each Disbursement this Period
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name						
\mid	NAME OF COMMITTEE (In Full)	·					
$ \rangle$	Americas Health Insurance Plans PAC (Al-	HP PAC)					
<u></u>	Full Name (Last, First, Middle Initial)): 06175-55686	558709526
	Majority Initiative To Keep Electing Republ A.K.A Mike R Fund	icans Fund			Date of Disburs		Y Y
	Mailing Address PO Box 2485				0 8	07 7 20	0 0 7
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	Mailing Address PO Box 2720				12 / 0	14 / 20	0 0 7
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	Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress Inc.				Transaction ID Date of Disburs): 06175-82409 sement	930438041
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. <u>/_</u>	Full Name (Last, First, Middle Initial) Mary Bono Mack Committee						1				56964 ment	-359	95119	81010
	Mailing Address PO Box 3370						1 ^M C	М	′	^D 2	9 /	Y	Ý 0 ở 7	, ^Y
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_	State: CA District: 45 Full Name (Last, First, Middle Initial)													
•	Matheson for Congress						Date	of D		ırseı	nent			48979
	Mailing Address PO Box 521048 Suite A						1 2	2	Ĺ	0	5	2	2 0 ŏ 7	<u>'</u>
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	Mailing Address PO Box 3068						1 ^M C	М	/	^D 2	9 /	Y	2007	, ^Y
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Full Name (Last, First, Middle Initial) Orrinpac			Date of Disbursemen	
Mailing Address 175 S. West Temple Suit	e 650		09 / 21	2007
,	State Zip Code UT 84101		Amount of Each Dis	bursement this Period
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Pat Roberts for Senate			Date of Disbursemen	
Mailing Address PO Box 433			12 05	2007
	State Zip Code KS 67530		Amount of Each Dis	bursement this Period
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Mailing Address 1006 Pendleton Street			09 / 21	y žo v 7
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29		
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NAME OF COMMITTEE (In Full)	,,,,,				
Americas Health Insurance Plans PAC	(AHIP PAC)				
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ITEMIZED DISBURSEMENTS		Detailed Summary Page	21b 27	22 23 2 X 28a 28b	24 25 28c 29	26 30b	
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$\overline{\ }$	NAME OF COMMITTEE (In Full)						
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SUBTOTAL of Disbursements This Page (optional)	•	791.54
TOTAL This Period (last page this line number only)	<u> </u>	791.54

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Form/Schedule:**F3X**Transaction ID:

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. 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 more accurately discloses how the receipts are collected.