

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		149741.74
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	116996.90									
(c) Total Receipts (from Line 19)	179024.41	184331.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	296021.31	334072.97								
7. Total Disbursements (from Line 31)	119115.79	157167.45								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	176905.52	176905.52								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	90458.21	92179.39
(i) Itemized (use Schedule A)	4566.20	8151.84
(ii) Unitemized	95024.41	100331.23
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	84000.00	84000.00
(c) Other Political Committees (such as PACs)	179024.41	184331.23
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	179024.41	184331.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	179024.41	184331.23

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	385.79	437.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	385.79	437.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	119500.00	157500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	-770.00	-770.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	119115.79	157167.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	119115.79	157167.45

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	179024.41	184331.23
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	179024.41	184331.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	385.79	437.45
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	385.79	437.45

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Scott Armstrong		Date of Receipt MM / DD / YYYY 03 / 21 / 2007
Mailing Address 521 Wall St		Transaction ID: 4388890703215938470
City State Zip Code Seattle WA 98121-1524	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer Group Health Cooperative	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Catherine Ayers		Date of Receipt MM / DD / YYYY 05 / 10 / 2007
Mailing Address 6222 N.W. 19th Place		Transaction ID: fe317ba264b196112ee
City State Zip Code Gainesville FL 32605	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 350.00
Name of Employer AvMed	Occupation SVP, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Tracy Bahl		Date of Receipt MM / DD / YYYY 06 / 27 / 2007
Mailing Address 398 Stanwich Rd		Transaction ID: b20228ddfbfce38a515
City State Zip Code Greenwich CT 06830-3513	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Uniprise	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	3350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Charles Baker		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address 93 Worcester Street		Transaction ID: 76839447adaefe6befd	
City State Zip Code Wellesley MA 02481-3609	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Harvard Pilgrim Health Care	Occupation President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. James Balda		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500		Transaction ID: 20070315-1	
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation VP Member Svc Professional Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04		

Full Name (Last, First, Middle Initial) C. James Balda		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500		Transaction ID: 20070322-1	
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation VP Member Svc Professional Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James Balda		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500		Transaction ID: 20070416-53
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP Member Svc Professional Development Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) B. James Balda		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500		Transaction ID: 20070427-a-1
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP Member Svc Professional Development Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) C. James Balda		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500		Transaction ID: 20070518-1
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP Member Svc Professional Development Aggregate Year-to-Date ▼ 500.04	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 144
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. James Balda		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500		Transaction ID: 20070523-1 Amount of Each Receipt this Period 41.67
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP Member Svc Professional Development Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) B. James Balda		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500		Transaction ID: 20070611-1 Amount of Each Receipt this Period 41.67
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP Member Svc Professional Development Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) C. James Balda		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500		Transaction ID: 20070628_1_13_38 Amount of Each Receipt this Period 41.67
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP Member Svc Professional Development Aggregate Year-to-Date ▼ 500.04	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Christy Bell		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 7 Spring Lake Drive		Transaction ID: 1856630703215904617	
City State Zip Code Far Hills NJ 07931	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Horizon BCBSNJ Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00		

B. Full Name (Last, First, Middle Initial) R. Bradford Bentley		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2007	
Mailing Address 8717 S.W. 91st Place		Transaction ID: 4826b21bd377f8e33eb	
City State Zip Code Gainesville FL 32608	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation AvMed VP, Underwriting			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

C. Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2007	
Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500		Transaction ID: 20070226-a-4	
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 208.33		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation America's Health Insurance Plans EVP Clinical Affairs Strategic Plans			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96		

SUBTOTAL of Receipts This Page (optional) ▶	3558.33
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Carmella Bocchino		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500		Transaction ID: 20070226-b-4
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation EVP Clinical Affairs Strategic Plans	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	

Full Name (Last, First, Middle Initial) B. Carmella Bocchino		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500		Transaction ID: 20070315-2
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation EVP Clinical Affairs Strategic Plans	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	

Full Name (Last, First, Middle Initial) C. Carmella Bocchino		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500		Transaction ID: 20070322-2
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation EVP Clinical Affairs Strategic Plans	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Carmella Bocchino		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500		Transaction ID: 20070416-54	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation EVP Clinical Affairs Strategic Plans	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2499.96	

Full Name (Last, First, Middle Initial) B. Carmella Bocchino		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500		Transaction ID: 20070427-a-2	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation EVP Clinical Affairs Strategic Plans	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2499.96	

Full Name (Last, First, Middle Initial) C. Carmella Bocchino		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500		Transaction ID: 20070518-2	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation EVP Clinical Affairs Strategic Plans	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2499.96	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500		Transaction ID: 20070523-2	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 208.33		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation EVP Clinical Affairs Strategic Plans Aggregate Year-to-Date ▼ 2499.96		

B. Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500		Transaction ID: 20070611-2	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 208.33		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation EVP Clinical Affairs Strategic Plans Aggregate Year-to-Date ▼ 2499.96		

C. Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500		Transaction ID: 20070628_2_13_38	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 208.33		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation EVP Clinical Affairs Strategic Plans Aggregate Year-to-Date ▼ 2499.96		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Christopher Booth		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2007	
Mailing Address 165 Court St		Transaction ID: 5731860704184181832	
City Rochester	State NY	Amount of Each Receipt this Period 1666.68	
Zip Code 14647-0001			
FEC ID number of contributing federal political committee. C			
Name of Employer Excellus BlueCross Blue Shield	Occupation Executive VP and CAO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.68		

Full Name (Last, First, Middle Initial) B. Robert Borchardt		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2007	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070518-3	
City Washington	State DC	Amount of Each Receipt this Period 25.00	
Zip Code 20004-2601			
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President Finance & Operat		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Robert Borchardt		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2007	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-3	
City Washington	State DC	Amount of Each Receipt this Period 25.00	
Zip Code 20004-2601			
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President Finance & Operat		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	1716.68
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Robert Borchardt		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-3
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President Finance & Operat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Robert Borchardt		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_3_13_38
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President Finance & Operat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-a-6
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-b-6	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Director Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 999.96	

B. Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070315-6	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Director Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 999.96	

C. Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070322-6	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Director Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 999.96	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070416-3	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Director Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 999.96	

B. Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070427-a-6	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Director Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 999.96	

C. Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070518-6	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Director Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 999.96	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-6
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

B. Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-6
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

C. Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_7_13_38
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. William Cameron		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2007	
Mailing Address 2000 N Classen Blvd		Transaction ID: 6607780704176247232	
City Oklahoma City	State OK	Zip Code 73106-6023	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Fidelity Assurance Company	Occupation President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Donna Celestini		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2007	
Mailing Address 38 Park Street Unit 15C		Transaction ID: 86998b956f6dcca17ff	
City Florham Park	State NJ	Zip Code 07932	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Horizon BCBSNJ	Occupation VP, Health Care Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Yvonne Chanatry		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2007	
Mailing Address 1276 N Wayne St #1223		Transaction ID: 20070226-b-9	
City Arlington	State VA	Zip Code 22201-5857	Amount of Each Receipt this Period 62.50
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Executive Director of Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	4562.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Yvonne Chanatry		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007
Mailing Address 1276 N Wayne St #1223		Transaction ID: 20070315-8
City State Zip Code Arlington VA 22201-5857	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Executive Director of Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Yvonne Chanatry		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007
Mailing Address 1276 N Wayne St #1223		Transaction ID: 20070322-8
City State Zip Code Arlington VA 22201-5857	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Executive Director of Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Yvonne Chanatry		Date of Receipt M M / D D / Y Y Y Y Y 04 / 13 / 2007
Mailing Address 1276 N Wayne St #1223		Transaction ID: 20070416-5
City State Zip Code Arlington VA 22201-5857	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Executive Director of Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1276 N Wayne St #1223

City State Zip Code
Arlington VA 22201-5857

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 7

Transaction ID: 20070427-a-8

Amount of Each Receipt this Period
62.50

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

Mailing Address 1276 N Wayne St #1223

City State Zip Code
Arlington VA 22201-5857

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 7

Transaction ID: 20070518-8

Amount of Each Receipt this Period
62.50

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

Mailing Address 1276 N Wayne St #1223

City State Zip Code
Arlington VA 22201-5857

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 7

Transaction ID: 20070523-8

Amount of Each Receipt this Period
62.50

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

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

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

FOR LINE NUMBER: PAGE 22 / 144

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Yvonne Chanatry		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 1276 N Wayne St #1223		Transaction ID: 20070611-8	
City Arlington	State VA	Amount of Each Receipt this Period 62.50	
Zip Code 22201-5857		Amount of Each Receipt this Period 62.50	
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 of Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Yvonne Chanatry		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 1276 N Wayne St #1223		Transaction ID: 20070628_9_13_38	
City Arlington	State VA	Amount of Each Receipt this Period 62.50	
Zip Code 22201-5857		Amount of Each Receipt this Period 62.50	
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 of Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) C. Kirk Cianciolo		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2007	
Mailing Address 6303 Pasadena Point Blvd S		Transaction ID: 6583ae3b2309f00b562	
City Gulfport	State FL	Amount of Each Receipt this Period 350.00	
Zip Code 33707-3867		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00	
Name of Employer AvMed	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ► **475.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Douglas Cueny		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2007	
Mailing Address PO Box 749		Transaction ID: 5a56b981634c12d8b99	
City Gainesville	State FL	Amount of Each Receipt this Period 2000.00	
Zip Code 32602-0749			
FEC ID number of contributing federal political committee. C			
Name of Employer AvMed Health Plan	Occupation President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Ann Curry		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070315-9	
City Washington	State DC	Amount of Each Receipt this Period 41.67	
Zip Code 20004-2601			
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Director, Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04		

Full Name (Last, First, Middle Initial) C. Ann Curry		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070322-9	
City Washington	State DC	Amount of Each Receipt this Period 41.67	
Zip Code 20004-2601			
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Director, Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Ann Curry		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070416-6
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) B. Ann Curry		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070427-a-9
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) C. Ann Curry		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070518-9
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ann Curry		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-9
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) B. Ann Curry		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-9
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) C. Ann Curry		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_10_13_38
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Gregory Daphnis		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-10
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Program Manager, VSD Aggregate Year-to-Date ▼ 249.96	

Full Name (Last, First, Middle Initial) B. Gregory Daphnis		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-10
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Program Manager, VSD Aggregate Year-to-Date ▼ 249.96	

Full Name (Last, First, Middle Initial) C. Gregory Daphnis		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_11_13_38
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Program Manager, VSD Aggregate Year-to-Date ▼ 249.96	

SUBTOTAL of Receipts This Page (optional) ▶	62.49
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 144
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-b-12
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Exec Dir Learning Resource Ctr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070315-11
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Exec Dir Learning Resource Ctr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070322-11
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Exec Dir Learning Resource Ctr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070416-8
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Exec Dir Learning Resource Ctr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070427-a-11
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Exec Dir Learning Resource Ctr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070518-11
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Exec Dir Learning Resource Ctr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 144		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-11	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Exec Dir Learning Resource Ctr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-11	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Exec Dir Learning Resource Ctr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) C. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_12_13_38	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Exec Dir Learning Resource Ctr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 144		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. Stephen DeMontmollin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address 4300 Nw 89th Blvd		Transaction ID: f6d6a8258b54b84f1b8	
City State Zip Code Gainesville FL 32606-5688	Amount of Each Receipt this Period 462.50		
FEC ID number of contributing federal political committee. C			
Name of Employer AvMed Health Plan	Occupation SVP, General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.50		

Full Name (Last, First, Middle Initial) B. Jill Dowell		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-a-13	
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96		

Full Name (Last, First, Middle Initial) C. Jill Dowell		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-b-13	
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96		

SUBTOTAL of Receipts This Page (optional) ▶	629.16
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jill Dowell		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070315-13
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) B. Jill Dowell		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070322-13
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) C. Jill Dowell		Date of Receipt M M / D D / Y Y Y Y Y 04 / 13 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070416-10
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jill Dowell		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070427-a-13
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Occupation VP, Federal Affairs	Aggregate Year-to-Date ▼ 999.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jill Dowell		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070518-13
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Occupation VP, Federal Affairs	Aggregate Year-to-Date ▼ 999.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jill Dowell		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-13
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Occupation VP, Federal Affairs	Aggregate Year-to-Date ▼ 999.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jill Dowell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-13
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Occupation VP, Federal Affairs	Aggregate Year-to-Date ▼ 999.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jill Dowell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_14_13_38
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Occupation VP, Federal Affairs	Aggregate Year-to-Date ▼ 999.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael Dudley		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 4417 Corporation Ln		Transaction ID: 3925acac562d1a9a919
City Virginia Beach State VA Zip Code 23462-3162	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Sentara Health Plans, Inc. Occupation President & Chief Executive Officer	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Behrends Foster		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: ed39c929a8128d879c5 Amount of Each Receipt this Period 1000.00
City State Zip Code Washington DC 20004-2601	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Gabardi		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-a-15 Amount of Each Receipt this Period 125.00
City State Zip Code Washington DC 20004-2601	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Jeffrey Gabardi		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-b-15 Amount of Each Receipt this Period 125.00
City State Zip Code Washington DC 20004-2601	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jeffrey Gabardi		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070315-15
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans Occupation Senior Vice President, State Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00

Full Name (Last, First, Middle Initial) B. Jeffrey Gabardi		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070322-15
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans Occupation Senior Vice President, State Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00

Full Name (Last, First, Middle Initial) C. Jeffrey Gabardi		Date of Receipt M M / D D / Y Y Y Y Y 04 / 13 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070416-12
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans Occupation Senior Vice President, State Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jeffrey Gabardi		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070427-a-15
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Gabardi		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070518-14
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Jeffrey Gabardi		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-14
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	375.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jeffrey Gabardi		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-14
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans Occupation Senior Vice President, State Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00

Full Name (Last, First, Middle Initial) B. Jeffrey Gabardi		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_15_13_38
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans Occupation Senior Vice President, State Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00

Full Name (Last, First, Middle Initial) C. Michael Gallagher		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 5523 NW 52nd Ave		Transaction ID: 429ca719a85e2931fb2
City Gainesville State FL Zip Code 32653-4081	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 350.00
Name of Employer AvMed Occupation Chief Financial Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jay Gellert		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address 21650 Oxnard St Ste 2200		Transaction ID: ee837377e82c53ac59f	
City State Zip Code Woodland Hills CA 91367-4901	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Health Net, Inc.	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. William Gillespie		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 1770 James Ave S		Transaction ID: c7fd471efa9b3dddab5	
City State Zip Code Minneapolis MN 55403-2827	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Gillespie Consulting Group	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Rick Haines		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 2600 Sixth St SW		Transaction ID: a4ec24d331549a863de	
City State Zip Code Canton OH 44710-1702	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AultCare	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 144
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Donald Hamm		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2007	
Mailing Address 501 W Michigan St PO Box 3050		Transaction ID: 653408070417622600	
City Milwaukee	State WI	Amount of Each Receipt this Period 2000.00	
Zip Code 53203-2706		Transaction ID: 653408070417622600	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Assurant Health	Occupation President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Edwin Hannum		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2007	
Mailing Address 5202 Pine Rocklands Ave.		Transaction ID: 0b5bad8d5bac15a104b	
City Lithia	State FL	Amount of Each Receipt this Period 350.00	
Zip Code 33547-5012		Transaction ID: 0b5bad8d5bac15a104b	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00	
Name of Employer AvMed	Occupation SVP, Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. Michael Herbert		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 1111 Sasco Hill Road		Transaction ID: 6210860703215943411	
City Fairfield	State CT	Amount of Each Receipt this Period 2000.00	
Zip Code 06824-6346		Transaction ID: 6210860703215943411	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer ConnectiCare, Inc.	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional)	4350.00
TOTAL This Period (last page this line number only)	4350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Roberta Herman		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2007	
Mailing Address 93 Worcester St		Transaction ID: 9801220704176218171	
City State Zip Code Wellesley MA 02481-3609	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Harvard Pilgrim Health Care	Occupation SVP and Chief Medical Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Joni Hong		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2007	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-16	
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 20.83		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel, Special Proj		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96		

Full Name (Last, First, Middle Initial) C. Joni Hong		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-17	
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 20.83		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel, Special Proj		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96		

SUBTOTAL of Receipts This Page (optional) ▶	2041.66
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joni Hong		Date of Receipt MM / DD / YYYY 06 / 29 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_18_13_38
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel, Special Proj	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

Full Name (Last, First, Middle Initial) B. Donna Horoschak		Date of Receipt MM / DD / YYYY 02 / 15 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-a-18
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Executive Director State Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) C. Donna Horoschak		Date of Receipt MM / DD / YYYY 02 / 28 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-b-18
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Executive Director State Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Donna Horoschak

Mailing Address 601 Pennsylvania Ave NW
South Bldg, Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt
MM / DD / YYYY
03 / 15 / 2007

Transaction ID: 20070315-18

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
Donna Horoschak

Mailing Address 601 Pennsylvania Ave NW
South Bldg, Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt
MM / DD / YYYY
03 / 30 / 2007

Transaction ID: 20070322-18

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
Donna Horoschak

Mailing Address 601 Pennsylvania Ave NW
South Bldg, Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt
MM / DD / YYYY
04 / 13 / 2007

Transaction ID: 20070416-15

Amount of Each Receipt this Period
83.33

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Donna Horoschak		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070427-a-18
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Executive Director State Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) B. Donna Horoschak		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070518-17
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Executive Director State Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) C. Donna Horoschak		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-17
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Executive Director State Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Donna Horoschak		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-18
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director State Policy Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) B. Donna Horoschak		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_19_13_38
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director State Policy Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) C. Francis Jantzen III		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 17982 NW 9th Ct.		Transaction ID: 4cef880abb6c17f689c
City Pembroke Pines State FL Zip Code 33029-3113	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AvMed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP, Client Services Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	516.66
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Scott Keefer		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070416-16
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer America's Health Insurance Plans Occupation Director of Policy Development	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00

Full Name (Last, First, Middle Initial) B. Scott Keefer		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070427-a-19
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer America's Health Insurance Plans Occupation Director of Policy Development	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00

Full Name (Last, First, Middle Initial) C. Scott Keefer		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070518-18
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer America's Health Insurance Plans Occupation Director of Policy Development	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Scott Keefer		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-18
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director of Policy Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Scott Keefer		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-20
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director of Policy Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Scott Keefer		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_21_13_38
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director of Policy Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David Klein		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7	
Mailing Address 165 Court St		Transaction ID: 3674830704184257958	
City Rochester	State NY	Amount of Each Receipt this Period 2000.00	
Zip Code 14647-0001			
FEC ID number of contributing federal political committee. C			
Name of Employer Excellus Blue Cross Blue Shield	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Barbara Lardy		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070427-a-21	
City Washington	State DC	Amount of Each Receipt this Period 28.00	
Zip Code 20004-2601			
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Vice President, Medical Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00		

Full Name (Last, First, Middle Initial) C. Barbara Lardy		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070518-20	
City Washington	State DC	Amount of Each Receipt this Period 28.00	
Zip Code 20004-2601			
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Vice President, Medical Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00		

SUBTOTAL of Receipts This Page (optional) ▶	2056.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Barbara Lardy		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-20
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 28.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Medical Affairs Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) B. Barbara Lardy		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-22
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 28.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Medical Affairs Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) C. Barbara Lardy		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_23_13_38
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 28.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Medical Affairs Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional) ▶	84.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Larry Larson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-21
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director of Operations and Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

B. Full Name (Last, First, Middle Initial) Larry Larson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-23
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director of Operations and Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

C. Full Name (Last, First, Middle Initial) Larry Larson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_24_13_38
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Director of Operations and Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

SUBTOTAL of Receipts This Page (optional) ▶	62.49
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jeff Lemieux		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-a-23
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation SVP Ctr Health Policy Research Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Jeff Lemieux		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-b-23
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation SVP Ctr Health Policy Research Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Jeff Lemieux		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070315-24
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation SVP Ctr Health Policy Research Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	375.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jeff Lemieux		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070322-24
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation SVP Ctr Health Policy Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Jeff Lemieux		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070416-20
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation SVP Ctr Health Policy Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Jeff Lemieux		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070427-a-23
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation SVP Ctr Health Policy Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	375.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 144 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

<p>A. Full Name (Last, First, Middle Initial) Jeff Lemieux</p> <p>Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500</p> <p>City State Zip Code Washington DC 20004-2601</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation America's Health Insurance SVP Ctr Health Policy Research Plans</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1500.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Transaction ID: 20070518-22</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>125.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	5	/	2	0	0	7		125.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5	/	1	5	/	2	0	0	7														
	125.00																						

<p>B. Full Name (Last, First, Middle Initial) Jeff Lemieux</p> <p>Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500</p> <p>City State Zip Code Washington DC 20004-2601</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation America's Health Insurance SVP Ctr Health Policy Research Plans</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1500.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Transaction ID: 20070523-22</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>125.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	3	1	/	2	0	0	7		125.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5	/	3	1	/	2	0	0	7														
	125.00																						

<p>C. Full Name (Last, First, Middle Initial) Jeff Lemieux</p> <p>Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500</p> <p>City State Zip Code Washington DC 20004-2601</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation America's Health Insurance SVP Ctr Health Policy Research Plans</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1500.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Transaction ID: 20070611-24</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>125.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	5	/	2	0	0	7		125.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	1	5	/	2	0	0	7														
	125.00																						

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jeff Lemieux		Date of Receipt MM / DD / YYYY 06 / 29 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_25_13_38
City Washington	State DC Zip Code 20004-2601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans	Occupation SVP Ctr Health Policy Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Dan Leonard		Date of Receipt MM / DD / YYYY 02 / 15 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-a-25
City Washington	State DC Zip Code 20004-2601	
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 EVP Advocacy Professional Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	

Full Name (Last, First, Middle Initial) C. Dan Leonard		Date of Receipt MM / DD / YYYY 02 / 28 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-b-25
City Washington	State DC Zip Code 20004-2601	
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 EVP Advocacy Professional Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Dan Leonard		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070315-25
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation EVP Advocacy Professional Services Aggregate Year-to-Date ▼ 2499.96	

Full Name (Last, First, Middle Initial) B. Dan Leonard		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070322-25
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation EVP Advocacy Professional Services Aggregate Year-to-Date ▼ 2499.96	

Full Name (Last, First, Middle Initial) C. Dan Leonard		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070416-21
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation EVP Advocacy Professional Services Aggregate Year-to-Date ▼ 2499.96	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dan Leonard		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070427-a-24
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation EVP Advocacy Professional Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	

Full Name (Last, First, Middle Initial) B. Dan Leonard		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070518-23
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation EVP Advocacy Professional Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	

Full Name (Last, First, Middle Initial) C. Dan Leonard		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-23
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation EVP Advocacy Professional Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dan Leonard		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-25
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation EVP Advocacy Professional Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	

Full Name (Last, First, Middle Initial) B. Dan Leonard		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_26_13_38
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 208.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation EVP Advocacy Professional Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	

Full Name (Last, First, Middle Initial) C. Joe Lessen		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070315-26
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Dir Special Projects Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Joe Lessen

Mailing Address 601 Pennsylvania Ave NW
South Bldg, Ste 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer America's Health Insurance Plans Occupation Dir Special Projects Federal Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 0 7

Transaction ID: 20070322-26

Amount of Each Receipt this Period
41.67

B. Full Name (Last, First, Middle Initial)
Joe Lessen

Mailing Address 601 Pennsylvania Ave NW
South Bldg, Ste 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer America's Health Insurance Plans Occupation Dir Special Projects Federal Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 7

Transaction ID: 20070416-22

Amount of Each Receipt this Period
41.67

C. Full Name (Last, First, Middle Initial)
Joe Lessen

Mailing Address 601 Pennsylvania Ave NW
South Bldg, Ste 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer America's Health Insurance Plans Occupation Dir Special Projects Federal Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 7

Transaction ID: 20070427-a-25

Amount of Each Receipt this Period
41.67

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Joe Lessen		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070518-24
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Dir Special Projects Federal Affairs Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) B. Joe Lessen		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-24
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Dir Special Projects Federal Affairs Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) C. Joe Lessen		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-26
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Dir Special Projects Federal Affairs Aggregate Year-to-Date ▼ 500.04	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joe Lessen		Date of Receipt MM / DD / YYYY 06 / 29 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_27_13_38
City Washington	State DC	
Zip Code 20004-2601		Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Dir Special Projects Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) B. Winston Lonsdale		Date of Receipt MM / DD / YYYY 05 / 10 / 2007
Mailing Address 11361 S.W. 123rd Street		Transaction ID: 156c18b641ede66e5e3
City Miami	State FL	
Zip Code 33176		Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. C		
Name of Employer Avmed	Occupation VP, Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. William Marino		Date of Receipt MM / DD / YYYY 06 / 07 / 2007
Mailing Address 3 Penn Plz 13E		Transaction ID: 2e4188b1495eb7c79c9
City Newark	State NJ	
Zip Code 07105-2258		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Horizon Blue Cross Blue Shield of NJ	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1891.67
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Anthony Marlon		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2007	
Mailing Address 2724 N Tenaya Way #205		Transaction ID: 5542980703215832678	
City State Zip Code Las Vegas NV 89128-0424	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sierra Health Services, Inc.	Occupation Chairman & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Roberto Martinez		Date of Receipt M M / D D / Y Y Y Y Y 05 / 16 / 2007	
Mailing Address 624 Miller Road		Transaction ID: 9da5b7f65794c8b3ebe	
City State Zip Code East Greenbush NY 12061	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CDPHP	Occupation SVP, Medical Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Javier Mendoza		Date of Receipt M M / D D / Y Y Y Y Y 05 / 10 / 2007	
Mailing Address 13224 SW 40th Street		Transaction ID: a5d6a4ff835ed136207	
City State Zip Code Davie FL 33330	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AvMed	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	2600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 144		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. Thomas Meyers		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-31
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director Product Policy Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Thomas Meyers		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_32_13_38
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director Product Policy Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Julie Miller		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070518-31
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Associate Counsel Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	65.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 144 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

<p>A. Full Name (Last, First, Middle Initial) Julie Miller</p> <p>Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500</p> <p>City State Zip Code Washington DC 20004-2601</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation America's Health Insurance Senior Associate Counsel Plans</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00 </p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Transaction ID: 20070523-31</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>25.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	0	7		25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		3	1		2	0	0	7														
	25.00																						

<p>B. Full Name (Last, First, Middle Initial) Julie Miller</p> <p>Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500</p> <p>City State Zip Code Washington DC 20004-2601</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation America's Health Insurance Senior Associate Counsel Plans</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00 </p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Transaction ID: 20070611-33</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>25.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	7		25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	0	7														
	25.00																						

<p>C. Full Name (Last, First, Middle Initial) Julie Miller</p> <p>Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500</p> <p>City State Zip Code Washington DC 20004-2601</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation America's Health Insurance Senior Associate Counsel Plans</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00 </p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Transaction ID: 20070628_34_13_38</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>25.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	7		25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	9		2	0	0	7														
	25.00																						

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Martin Mitchell		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500		Transaction ID: 20070523-32
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Regional Director, Sate Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

Full Name (Last, First, Middle Initial) B. Martin Mitchell		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500		Transaction ID: 20070611-34
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Regional Director, Sate Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

Full Name (Last, First, Middle Initial) C. Martin Mitchell		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500		Transaction ID: 20070628_35_13_38
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Regional Director, Sate Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

SUBTOTAL of Receipts This Page (optional) ▶	62.49
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 144
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Linda Navarra		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 7	
Mailing Address 12 Waterview Dr		Transaction ID: 334a1657dd28dd8ac4f	
City Saratoga Springs	State NY	Amount of Each Receipt this Period 250.00	
Zip Code 12866-8724		FEC ID number of contributing federal political committee. C	
Name of Employer CDPHP	Occupation information requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. David O'Brien		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7	
Mailing Address 165 Millview Drive		Transaction ID: 0235970704186470267	
City Pittsburgh	State PA	Amount of Each Receipt this Period 2000.00	
Zip Code 15238		FEC ID number of contributing federal political committee. C	
Name of Employer Highmark	Occupation EVP, Govt Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Francine Parker		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7	
Mailing Address 2850 W Grand Blvd		Transaction ID: 3886330702126111030	
City Detroit	State MI	Amount of Each Receipt this Period 2000.00	
Zip Code 48202-2692		FEC ID number of contributing federal political committee. C	
Name of Employer Health Alliance Plan	Occupation President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	4250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Betsy Pelovitz		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070315-36
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation State Advocacy Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) B. Betsy Pelovitz		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070322-36
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation State Advocacy Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) C. Betsy Pelovitz		Date of Receipt M M / D D / Y Y Y Y Y 04 / 13 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070416-32
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation State Advocacy Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Betsy Pelovitz		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070427-a-35
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation State Advocacy Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) B. Betsy Pelovitz		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070518-33
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation State Advocacy Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) C. Betsy Pelovitz		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-33
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation State Advocacy Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Betsy Pelovitz		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-35
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation State Advocacy Regional Director Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) B. Betsy Pelovitz		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_36_13_38
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation State Advocacy Regional Director Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) C. Christopher Perna		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 165 Court St		Transaction ID: 4300760703215883777
City Rochester State NY Zip Code 14647-0001	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MedAmerica Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 3000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 144 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Christopher Perna Mailing Address 165 Court St City State Zip Code Rochester NY 14647-0001 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007 Transaction ID: 0289490703215890132 Amount of Each Receipt this Period 1000.00
Name of Employer Occupation MedAmerica President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

B. Full Name (Last, First, Middle Initial) Susan Pisano 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	Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2007 Transaction ID: 20070226-a-37 Amount of Each Receipt this Period 116.16
Name of Employer Occupation America's Health Insurance Plans VP Strategic Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1369.92	

C. Full Name (Last, First, Middle Initial) Susan Pisano 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	Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2007 Transaction ID: 20070226-b-37 Amount of Each Receipt this Period 116.16
Name of Employer Occupation America's Health Insurance Plans VP Strategic Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1369.92	

SUBTOTAL of Receipts This Page (optional) ▶	1232.32
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Susan Pisano		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070315-37
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 116.16	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP Strategic Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1369.92	

Full Name (Last, First, Middle Initial) B. Susan Pisano		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070322-37
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 116.16	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP Strategic Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1369.92	

Full Name (Last, First, Middle Initial) C. Susan Pisano		Date of Receipt M M / D D / Y Y Y Y Y 04 / 13 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070416-33
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 116.16	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP Strategic Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1369.92	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Susan Pisano		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070427-a-36
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 116.16	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP Strategic Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1369.92	

Full Name (Last, First, Middle Initial) B. Susan Pisano		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070518-34
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 116.16	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP Strategic Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1369.92	

Full Name (Last, First, Middle Initial) C. Susan Pisano		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-34
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 116.16	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP Strategic Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1369.92	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Susan Pisano		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-36 Amount of Each Receipt this Period 116.16
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP Strategic Communications Aggregate Year-to-Date ▼ 1369.92	

Full Name (Last, First, Middle Initial) B. Susan Pisano		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_37_13_38 Amount of Each Receipt this Period 116.16
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP Strategic Communications Aggregate Year-to-Date ▼ 1369.92	

Full Name (Last, First, Middle Initial) C. Richard Popiel		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2007
Mailing Address 365 Christopher Drive		Transaction ID: 85614e1ace3697c327e Amount of Each Receipt this Period 2500.00
City Princeton State NJ Zip Code 08540	FEC ID number of contributing federal political committee. C	
Name of Employer Horizon BCBSNJ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP & CMO Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	2732.32
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jennifer Rak		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-35
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 249.96	

Full Name (Last, First, Middle Initial) B. Jennifer Rak		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-37
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 249.96	

Full Name (Last, First, Middle Initial) C. Jennifer Rak		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_38_13_38
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 249.96	

SUBTOTAL of Receipts This Page (optional) ▶	62.49
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Richard Ramsay		Date of Receipt MM / DD / YYYY 02 / 15 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-a-39
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) B. Richard Ramsay		Date of Receipt MM / DD / YYYY 02 / 28 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-b-39
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) C. Richard Ramsay		Date of Receipt MM / DD / YYYY 03 / 15 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070315-39
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Richard Ramsay		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070322-39
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) B. Richard Ramsay		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070416-35
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) C. Richard Ramsay		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070427-a-38
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Richard Ramsay		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070518-36
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Vice President, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) B. Richard Ramsay		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-36
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Vice President, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) C. Richard Ramsay		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-38
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Vice President, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Richard Ramsay		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_39_13_38	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, State Advocacy Aggregate Year-to-Date ▼ 999.96		

Full Name (Last, First, Middle Initial) B. Bob Rehm		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2007	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-39	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Public Health & Clinic Aggregate Year-to-Date ▼ 249.96		

Full Name (Last, First, Middle Initial) C. Bob Rehm		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-41	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Public Health & Clinic Aggregate Year-to-Date ▼ 249.96		

SUBTOTAL of Receipts This Page (optional) ▶	124.99
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 / 144
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Bob Rehm		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_42_13_38 Amount of Each Receipt this Period 20.83
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Public Health & Clinic Aggregate Year-to-Date ▼ 249.96	

B. Full Name (Last, First, Middle Initial) Richard Rivers		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 8515 E Orchard Rd		Transaction ID: 1190240703215860133 Amount of Each Receipt this Period 2000.00
City Greenwood Village State CO Zip Code 80111-5002	FEC ID number of contributing federal political committee. C	
Name of Employer Great-West Healthcare Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice President Aggregate Year-to-Date ▼ 2000.00	

C. Full Name (Last, First, Middle Initial) Jeannine Rivet		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 9900 Bren Rd E		Transaction ID: b57fbc8ce79ea48d557 Amount of Each Receipt this Period 5000.00
City Minnetonka State MN Zip Code 55343-9664	FEC ID number of contributing federal political committee. C	
Name of Employer UnitedHealth Group Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice President Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	7020.83
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Marc Rivo		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2007	
Mailing Address 4566 Prairie Ave		Transaction ID: eca9113ec079206a905	
City Miami Beach	State FL	Zip Code 33140	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. C			
Name of Employer AvMed	Occupation REGIONAL MED. DIRE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

B. Full Name (Last, First, Middle Initial) Sue Rohan		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2007	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-a-42	
City Washington	State DC	Zip Code 20004-2601	Amount of Each Receipt this Period 83.33
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96		

C. Full Name (Last, First, Middle Initial) Sue Rohan		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2007	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-b-42	
City Washington	State DC	Zip Code 20004-2601	Amount of Each Receipt this Period 83.33
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96		

SUBTOTAL of Receipts This Page (optional) ▶	516.66
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Sue Rohan		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070315-42
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Occupation Vice President	Aggregate Year-to-Date ▼ 999.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sue Rohan		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070322-42
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Occupation Vice President	Aggregate Year-to-Date ▼ 999.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sue Rohan		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070416-38
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Occupation Vice President	Aggregate Year-to-Date ▼ 999.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sue Rohan		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070427-a-41
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) B. Sue Rohan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070518-39
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) C. Sue Rohan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-40
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sue Rohan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-42
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) B. Sue Rohan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_43_13_38
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) C. Ken Still		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 14515 NW 41st Ave		Transaction ID: 3ebe92c2638681fae8d
City State Zip Code Newberry FL 32669	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AvMed	Occupation Group Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	516.66
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Scott Styles		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Building, Ste 500		Transaction ID: 20070226-a-45
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 204.35
Name of Employer America's Health Insurance Plans Occupation SVP, Government Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2452.20

Full Name (Last, First, Middle Initial) B. Scott Styles		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Building, Ste 500		Transaction ID: 20070226-b-45
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 204.35
Name of Employer America's Health Insurance Plans Occupation SVP, Government Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2452.20

Full Name (Last, First, Middle Initial) C. Scott Styles		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Building, Ste 500		Transaction ID: 20070315-45
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 204.35
Name of Employer America's Health Insurance Plans Occupation SVP, Government Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2452.20

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Scott Styles		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Building, Ste 500		Transaction ID: 20070322-45
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 204.35	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation SVP, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2452.20	

Full Name (Last, First, Middle Initial) B. Scott Styles		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Building, Ste 500		Transaction ID: 20070416-40
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 204.35	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation SVP, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2452.20	

Full Name (Last, First, Middle Initial) C. Scott Styles		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Building, Ste 500		Transaction ID: 20070427-a-43
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 204.35	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation SVP, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2452.20	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Scott Styles		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Building, Ste 500		Transaction ID: 20070518-41	
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 204.35		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation SVP, Government Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2452.20		

Full Name (Last, First, Middle Initial) B. Scott Styles		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Building, Ste 500		Transaction ID: 20070523-42	
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 204.35		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation SVP, Government Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2452.20		

Full Name (Last, First, Middle Initial) C. Scott Styles		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 601 Pennsylvania Ave NW South Building, Ste 500		Transaction ID: 20070611-45	
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 204.35		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation SVP, Government Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2452.20		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 / 144
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Scott Styles		Date of Receipt MM / DD / YYYY 06 / 29 / 2007
Mailing Address 601 Pennsylvania Ave NW South Building, Ste 500		Transaction ID: 20070628_46_13_38
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.35
Name of Employer America's Health Insurance Plans	Occupation SVP, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2452.20	

Full Name (Last, First, Middle Initial) B. Timothy Teynor		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 2600 Sixth St SW		Transaction ID: 71ea87b91e972ba25fb
City Canton	State OH	Zip Code 44710-1702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer AultCare	Occupation V.P. - Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. J. Grover Thomas		Date of Receipt MM / DD / YYYY 03 / 21 / 2007
Mailing Address 400 Field Drive		Transaction ID: 4797060703215919550
City Lake Forest	State IL	Zip Code 60045-4809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Trustmark Insurance Company	Occupation Chairman of the Board	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	3204.35
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jeanette Thornton		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-43
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director, Health Informatics Aggregate Year-to-Date ▼ 249.96	

Full Name (Last, First, Middle Initial) B. Jeanette Thornton		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-46
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director, Health Informatics Aggregate Year-to-Date ▼ 249.96	

Full Name (Last, First, Middle Initial) C. Jeanette Thornton		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_47_13_38
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director, Health Informatics Aggregate Year-to-Date ▼ 249.96	

SUBTOTAL of Receipts This Page (optional) ▶	62.49
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jonathan Tilton		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-44
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Deputy Dir Strategic Comm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

Full Name (Last, First, Middle Initial) B. Jonathan Tilton		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-47
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Deputy Dir Strategic Comm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

Full Name (Last, First, Middle Initial) C. Jonathan Tilton		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_48_13_38
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Deputy Dir Strategic Comm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

SUBTOTAL of Receipts This Page (optional) ▶	62.49
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael Tuffin		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-a-49
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation SVP Strategic Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Michael Tuffin		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-b-49
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation SVP Strategic Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Michael Tuffin		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070315-49
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation SVP Strategic Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	375.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW
South Bldg, Ste 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer America's Health Insurance Plans Occupation SVP Strategic Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2007

Transaction ID: 20070322-49

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW
South Bldg, Ste 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer America's Health Insurance Plans Occupation SVP Strategic Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2007

Transaction ID: 20070416-44

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW
South Bldg, Ste 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer America's Health Insurance Plans Occupation SVP Strategic Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2007

Transaction ID: 20070427-a-47

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 144 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Michael Tuffin 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	Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7 Transaction ID: 20070518-45 Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans Occupation SVP Strategic Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00

B. Full Name (Last, First, Middle Initial) Michael Tuffin 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	Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7 Transaction ID: 20070523-46 Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans Occupation SVP Strategic Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00

C. Full Name (Last, First, Middle Initial) Michael Tuffin 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	Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7 Transaction ID: 20070611-49 Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans Occupation SVP Strategic Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00

SUBTOTAL of Receipts This Page (optional) ▶	375.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael Tuffin		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_50_13_38 Amount of Each Receipt this Period 125.00
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation SVP Strategic Communications Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Rod Turner		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-a-50 Amount of Each Receipt this Period 83.33
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP, Product Policy Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) C. Rod Turner		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-b-50 Amount of Each Receipt this Period 83.33
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP, Product Policy Aggregate Year-to-Date ▼ 999.96	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Rod Turner		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070315-50
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP, Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) B. Rod Turner		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070322-50
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP, Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) C. Rod Turner		Date of Receipt M M / D D / Y Y Y Y Y 04 / 13 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070416-45
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP, Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Rod Turner		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070427-a-48
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP, Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) B. Rod Turner		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070518-46
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP, Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) C. Rod Turner		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-47
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP, Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Rod Turner		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-50
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Occupation VP, Product Policy	Aggregate Year-to-Date ▼ 999.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Rod Turner		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_51_13_38
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Occupation VP, Product Policy	Aggregate Year-to-Date ▼ 999.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mark Van Koevering		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 107 Chocolay Downs Golf Dr		Transaction ID: 20070315-51
City Marquette State MI Zip Code 49855-9542	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Occupation Deputy Director Fed Leg Affairs	Aggregate Year-to-Date ▼ 540.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	211.66
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mark Van Koevering		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 107 Chocolay Downs Golf Dr		Transaction ID: 20070322-51	
City State Zip Code Marquette MI 49855-9542	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Deputy Director Fed Leg Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

Full Name (Last, First, Middle Initial) B. Mark Van Koevering		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2007	
Mailing Address 107 Chocolay Downs Golf Dr		Transaction ID: 20070416-46	
City State Zip Code Marquette MI 49855-9542	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Deputy Director Fed Leg Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

Full Name (Last, First, Middle Initial) C. Mark Van Koevering		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2007	
Mailing Address 107 Chocolay Downs Golf Dr		Transaction ID: 20070427-a-49	
City State Zip Code Marquette MI 49855-9542	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Deputy Director Fed Leg Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

SUBTOTAL of Receipts This Page (optional) ▶	135.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mark Van Koevering		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 107 Chocolay Downs Golf Dr		Transaction ID: 20070518-47
City State Zip Code Marquette MI 49855-9542	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Deputy Director Fed Leg Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) B. Mark Van Koevering		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 107 Chocolay Downs Golf Dr		Transaction ID: 20070523-48
City State Zip Code Marquette MI 49855-9542	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Deputy Director Fed Leg Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) C. Mark Van Koevering		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 107 Chocolay Downs Golf Dr		Transaction ID: 20070611-51
City State Zip Code Marquette MI 49855-9542	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Deputy Director Fed Leg Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

SUBTOTAL of Receipts This Page (optional) ▶	135.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mark Van Koevering		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 107 Chocolay Downs Golf Dr		Transaction ID: 20070628_52_13_38	
City Marquette	State MI	Zip Code 49855-9542	Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Deputy Director Fed Leg Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

Full Name (Last, First, Middle Initial) B. Daniel Vigil		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2007	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070416-47	
City Washington	State DC	Zip Code 20004-2601	Amount of Each Receipt this Period 31.25
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, State Publications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) C. Daniel Vigil		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2007	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070427-a-50	
City Washington	State DC	Zip Code 20004-2601	Amount of Each Receipt this Period 31.25
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, State Publications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

SUBTOTAL of Receipts This Page (optional) ▶	107.50
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 601 Pennsylvania Ave NW
South Bldg, Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 5 / 2 0 0 7

Transaction ID: 20070518-48

Amount of Each Receipt this Period
 31.25

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

Mailing Address 601 Pennsylvania Ave NW
South Bldg, Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20070523-49

Amount of Each Receipt this Period
 31.25

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

Mailing Address 601 Pennsylvania Ave NW
South Bldg, Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 5 / 2 0 0 7

Transaction ID: 20070611-52

Amount of Each Receipt this Period
 31.25

SUBTOTAL of Receipts This Page (optional)	▶	93.75
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Daniel Vigil		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_53_13_38
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 31.25	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, State Publications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Kelly Vogel		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-50
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

Full Name (Last, First, Middle Initial) C. Kelly Vogel		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-53
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kelly Vogel		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_54_13_38
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.83	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Occupation VP, Federal Affairs	Aggregate Year-to-Date ▼ 249.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Paul Von Ebers		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address 165 Court Street		Transaction ID: 8931490704184167248
City Rochester State NY Zip Code 14647-0001	Amount of Each Receipt this Period 1666.66	
FEC ID number of contributing federal political committee. C		
Name of Employer Excellus Inc. Occupation Senior Vice President, Marketing	Aggregate Year-to-Date ▼ 1666.66	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Barry Wagner		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address PO Box 749		Transaction ID: fec84b56382e6a6db26
City Gainesville State FL Zip Code 32602-0749	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AvMed Health Plan Occupation VP, Network	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	2037.49
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Thomas Watjen		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 1 Fountain Sq		Transaction ID: 2796070704164240096
City State Zip Code Chattanooga TN 37402-1307	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation UnumProvident President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Ronald Williams		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address 151 Farmington Ave		Transaction ID: 2097170704176272612
City State Zip Code Hartford CT 06156-0001	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Aetna Inc. Chairman, CEO and President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Joseph Winn		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bld Ste 500		Transaction ID: 20070315-54
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation America's Health Insurance Plans Regional Director, State Advocacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

SUBTOTAL of Receipts This Page (optional) ▶	4041.67
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joseph Winn		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bld Ste 500		Transaction ID: 20070322-54
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Regional Director, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) B. Joseph Winn		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bld Ste 500		Transaction ID: 20070416-50
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Regional Director, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) C. Joseph Winn		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bld Ste 500		Transaction ID: 20070427-a-53
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Regional Director, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joseph Winn		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bld Ste 500		Transaction ID: 20070518-51
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Regional Director, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) B. Joseph Winn		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bld Ste 500		Transaction ID: 20070523-52
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Regional Director, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) C. Joseph Winn		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bld Ste 500		Transaction ID: 20070611-55
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Regional Director, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Joseph Winn		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bld Ste 500		Transaction ID: 20070628_56_13_38
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Regional Director, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) B. Dale Wolf		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 6705 Rockledge Dr Ste 900		Transaction ID: 9839e8b3e60e497ae0a
City Bethesda State MD Zip Code 20817-1814	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Coventry Health Care, Inc.	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Duane Wright		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070226-b-56
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Exec Dir Legislative Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) ▶	2104.17
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Duane Wright		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070315-55
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Exec Dir Legislative Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Duane Wright		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070322-56
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Exec Dir Legislative Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Duane Wright		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2007
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070416-51
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Exec Dir Legislative Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Duane Wright		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070427-a-54
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Exec Dir Legislative Affairs Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Duane Wright		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070518-52
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Exec Dir Legislative Affairs Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Duane Wright		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070523-53
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Exec Dir Legislative Affairs Aggregate Year-to-Date ▼ 750.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Duane Wright		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070611-56 Amount of Each Receipt this Period 62.50
City Washington State DC Zip Code 20004-2601		
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Exec Dir Legislative Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Duane Wright		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		Transaction ID: 20070628_57_13_38 Amount of Each Receipt this Period 62.50
City Washington State DC Zip Code 20004-2601		
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Exec Dir Legislative Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Duda Zeke		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address 23 Old Westfall Drive		Transaction ID: 6046260704184248124 Amount of Each Receipt this Period 1666.66
City Rochester State NY Zip Code 14625		
FEC ID number of contributing federal political committee. C		
Name of Employer Excellus Health Plan	Occupation Senior Executive VP and CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.66	

SUBTOTAL of Receipts This Page (optional) ▶	1791.66
TOTAL This Period (last page this line number only) ▶	90458.21

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

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

FOR LINE NUMBER: PAGE 108 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Aegon Usa Inc. Political Action Committee

Mailing Address 1111 North Charles Street

City State Zip Code
Baltimore MD 21201

FEC ID number of contributing federal political committee. **C** C00236414

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 7

Transaction ID: 93911-87363833189011

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Aetna Inc. Political Action Committee

Mailing Address 151 Farmington Avenue
Rw4A

City State Zip Code
Hartford CT 06156

FEC ID number of contributing federal political committee. **C** C00181826

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 7

Transaction ID: 87304-39049929380417

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
American Enterprise Mutual Holding Company Pac

Mailing Address 601 6th Avenue

City State Zip Code
Des Moines IA 50334

FEC ID number of contributing federal political committee. **C** C00367524

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 7

Transaction ID: 1714700704183667628

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **12500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 144
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. American Fidelity Corporation Pac		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7	
Mailing Address 2000 Classen Boulevard		Transaction ID: 7839260704176257279	
City State Zip Code Oklahoma City OK 73106	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00210526			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Assurant Inc. Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7	
Mailing Address 501 West Michigan Street PO Box 3050		Transaction ID: 0476450704176227195	
City State Zip Code Milwaukee WI 53203	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00185694			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Blue Shield of California Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 50 Beale Street 18-105		Transaction ID: 63006-78905886411667	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00340364			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

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

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

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

FOR LINE NUMBER: PAGE 110 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Great-West Life & Annuity Insurance Company Political Action Committee

Mailing Address 8515 East Orchard Road
7T2

City State Zip Code
Greenwood Village CO 80111

FEC ID number of contributing federal political committee. **C** C00263723

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	0	7

Transaction ID: 3433630703215868258

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Health Alliance Plan Pac

Mailing Address 2850 West Grand Boulevard

City State Zip Code
Detroit MI 48202

FEC ID number of contributing federal political committee. **C** C00410670

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	7	/	2	0	0	7

Transaction ID: 0088700702126121155

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Health Net Incorporated Political Action Committee

Mailing Address 455 Capitol Mall Suite 801

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00230789

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	0	7

Transaction ID: 77219-51934450864792

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 144
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Humana Inc. Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 1776 Eye Street Northwest Suite 890		Transaction ID: 76197-47541445493698	
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00271007			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

B. Full Name (Last, First, Middle Initial) Mutual of Omaha Companies Pac (IMPAC)		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7	
Mailing Address Mutual of Omaha Plaza		Transaction ID: 3487770704164233026	
City Omaha State NE Zip Code 68175	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00094581			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

C. Full Name (Last, First, Middle Initial) New York Life Insurance Company Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7	
Mailing Address 51 Madison Avenue Room 1109		Transaction ID: 7083720704176290424	
City New York State NY Zip Code 10010	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00158881			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 144
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Principal Life Insurance Company Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 06 / 07 / 2007
Mailing Address 711 High Street Government Relations		Transaction ID: 77195-12273806333541
City Des Moines	State IA	Zip Code 50392
FEC ID number of contributing federal political committee.	C C00128918	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Sierra Health Services Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2007
Mailing Address PO Box 15645		Transaction ID: 1480300703215838175
City Las Vegas	State NV	Zip Code 89114
FEC ID number of contributing federal political committee.	C C00295360	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Trustmark Insurance Company Political Action Committee (TRUSTPAC)		Date of Receipt M M / D D / Y Y Y Y Y 04 / 25 / 2007
Mailing Address 400 Field Drive		Transaction ID: 6402200704254462362
City Lake Forrest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee.	C C00156166	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 144
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Unitedhealth Group Incorporated Pac (UNITED FOR HEALTH)

Mailing Address 9900 Bren Road East

City State Zip Code
Minnetonka MN 55343

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2007

Transaction ID: 76594-24712771177292

Amount of Each Receipt this Period
4000.00

B. Full Name (Last, First, Middle Initial)
Unum Group Political Action Committee (UNUMPAC)

Mailing Address 2211 Congress Street

City State Zip Code
Portland ME 04122

FEC ID number of contributing federal political committee. **C** C00177436

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2007

Transaction ID: 5376870703215911621

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Wellpoint Inc. Wellpac

Mailing Address 120 Monument Circle

City State Zip Code
Indianapolis IN 46204

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2007

Transaction ID: 30572-36866396665573

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	14000.00
TOTAL This Period (last page this line number only)	84000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 114 / 144

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

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

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 4775460703204726880 Date of Disbursement																				
Mailing Address 730 15th Street, NW Second Floor		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	6		2	0	7														
City Washington	State DC	Zip Code 20005																				
Purpose of Disbursement Wire Transfer Fee		<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																			
001																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 9724620703204728787 Date of Disbursement																				
Mailing Address 730 15th Street, NW Second Floor		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	7		2	0	7														
City Washington	State DC	Zip Code 20005																				
Purpose of Disbursement Wire Transfer Fee		<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																			
001																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 03011-03678530454635 Date of Disbursement																				
Mailing Address 730 15th Street, NW Second Floor		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	4		2	0	7														
City Washington	State DC	Zip Code 20005																				
Purpose of Disbursement Wire Transfer Fee		<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																			
001																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional) ►

30.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 115 / 144

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

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

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

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 03011-56388491392136
Mailing Address 730 15th Street, NW Second Floor		Date of Disbursement MM / DD / YYYY 03 / 30 / 2007
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Wire Transfer Fee	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 10.00
State: District:		

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 03011-76552981138230
Mailing Address 730 15th Street, NW Second Floor		Date of Disbursement MM / DD / YYYY 04 / 17 / 2007
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Wire Transfer Fee	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 10.00
State: District:		

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 03011-40475100278854
Mailing Address 730 15th Street, NW Second Floor		Date of Disbursement MM / DD / YYYY 04 / 30 / 2007
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Wire Transfer Fee	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 10.00
State: District:		

SUBTOTAL of Disbursements This Page (optional)	30.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 116 / 144

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

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

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 77876-62406557798386 Date of Disbursement
Mailing Address 730 15th Street, NW Second Floor		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Wire Transfer Fee	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 77876-61405581235886 Date of Disbursement
Mailing Address 730 15th Street, NW Second Floor		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Wire Transfer Fee	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 85446-89291018247605 Date of Disbursement
Mailing Address 730 15th Street, NW Second Floor		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Wire Transfer Fee	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 117 / 144

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

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

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 85446-78329104185105
Mailing Address 730 15th Street, NW Second Floor		Date of Disbursement MM / DD / YYYY 06 / 29 / 2007
City Washington	State DC	Amount of Each Disbursement this Period 10.00
Zip Code 20005		
Purpose of Disbursement Wire Transfer Fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Citibank		Transaction ID: 03011-20811098814010
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor		Date of Disbursement MM / DD / YYYY 04 / 10 / 2007
City Washington	State DC	Amount of Each Disbursement this Period 31.66
Zip Code 20004		
Purpose of Disbursement Merchant Service Fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Citibank		Transaction ID: 24290-85055178403855
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor		Date of Disbursement MM / DD / YYYY 05 / 04 / 2007
City Washington	State DC	Amount of Each Disbursement this Period 31.00
Zip Code 20004		
Purpose of Disbursement Merchant Service Fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	72.66
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 118 / 144

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

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

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

Full Name (Last, First, Middle Initial) A. Citibank		Transaction ID: 24290-08993166685104 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor		Amount of Each Disbursement this Period 31.66
City Washington State DC Zip Code 20004	Purpose of Disbursement Merchant Service Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. Citibank		Transaction ID: 85446-48865908384323 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor		Amount of Each Disbursement this Period 31.66
City Washington State DC Zip Code 20004	Purpose of Disbursement Merchant Service Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

63.32

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

225.98

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

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

FOR LINE NUMBER:
(check only one)

PAGE 119 / 144

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

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

Full Name (Last, First, Middle Initial) A. Allyson Schwartz for Congress		Transaction ID: 31129-9388391375541 Date of Disbursement 06 / 27 / 2007
Mailing Address PO Box 2232		Amount of Each Disbursement this Period 1000.00
City Jenkintown State PA Zip Code 19046	011 Category/ Type	
Purpose of Disbursement 2008 Primary Candidate Name Allyson Schwartz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ameripac: the Fund for a Greater America		Transaction ID: 49649-0971795916557 Date of Disbursement 05 / 29 / 2007
Mailing Address 499 S. Capitol St. SW #414		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement 2007 Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution	

Full Name (Last, First, Middle Initial) C. Becerra for Congress		Transaction ID: 31129-0343591570854 Date of Disbursement 06 / 27 / 2007
Mailing Address PO Box 261060		Amount of Each Disbursement this Period 2000.00
City Los Angeles State CA Zip Code 90026	011 Category/ Type	
Purpose of Disbursement 2008 Primary Candidate Name Xavier Becerra		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 120 / 144

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

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

Full Name (Last, First, Middle Initial) A. Blue Dog Political Action Committee		Transaction ID: 5873770703215383557 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 6849 Old Dominion Drive Suite 222		Amount of Each Disbursement this Period 5000.00
City McLean State VA Zip Code 22101	Purpose of Disbursement 2007 Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution	

Full Name (Last, First, Middle Initial) B. Boyd for Congress		Transaction ID: 31129-0839197039604 Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2007
Mailing Address PO Box 15703		Amount of Each Disbursement this Period 1000.00
City Tallahassee State FL Zip Code 32317	Purpose of Disbursement 2008 Primary Candidate Name F. Boyd Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Build America Pac		Transaction ID: 49649-5953485369682 Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2007
Mailing Address 153-01 Jamaica Avenue Suite 535		Amount of Each Disbursement this Period 2000.00
City Jamaica State NY Zip Code 11432	Purpose of Disbursement 2007 Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution	

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 121 / 144

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

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

Full Name (Last, First, Middle Initial) A. Chambliss for Senate		Transaction ID: 7224120702235358759 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address Post Office Box 12469		Amount of Each Disbursement this Period 5000.00
City Atlanta State GA Zip Code 30355	011 Category/ Type	
Purpose of Disbursement 2008 General		
Candidate Name Saxby Chambliss		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Charles A. Gonzalez Congressional Campaign		Transaction ID: 77203-6041986346244 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address PO Box 12612		Amount of Each Disbursement this Period 1000.00
City San Antonio State TX Zip Code 78212	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Charles Gonzalez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Clay Jr. for Congress		Transaction ID: 49649-1663324236869 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address PO Box 4544 Suite 300		Amount of Each Disbursement this Period 1000.00
City St. Louis State MO Zip Code 63108	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name William Clay		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 122 / 144

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

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

Full Name (Last, First, Middle Initial) A. Coleman for Senate 08		Transaction ID: 77203-6785852313041 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 7300 Hudson Boulevard Suite 270A		Amount of Each Disbursement this Period 2000.00
City St. Paul State MN Zip Code 55128	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Norm Coleman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Collins for Senator		Transaction ID: 2475630703215390480 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address PO Box 1096		Amount of Each Disbursement this Period 2000.00
City Bangor State ME Zip Code 04402	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Susan Collins		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Committee for the Preservation of Capitalism (CPC), the		Transaction ID: 7671950703264448720 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address PO Box 65314		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20036	011 Category/ Type	
Purpose of Disbursement 2007 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution	

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 123 / 144

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

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

<p>A. Committee To Elect McHugh</p> <p>Full Name (Last, First, Middle Initial) Americas Health Insurance Plans PAC (AHIP PAC)</p> <p>Mailing Address 228 S. Washington St. Ste. 115 Suite 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Uncashed 9/7/05 Contribution</p> <p>Candidate Name John McHugh</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 85446-08115786314010</p> <p>Date of Disbursement 06 / 30 / 2007</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p>
<p>B. Committee To Re-Elect Artur Davis To Congress, the</p> <p>Full Name (Last, First, Middle Initial) Americas Health Insurance Plans PAC (AHIP PAC)</p> <p>Mailing Address PO Box 1845</p> <p>City Birmingham State AL Zip Code 35201</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Artur Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 49649-5135003924369</p> <p>Date of Disbursement 05 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Committee To Re-Elect Artur Davis To Congress, the</p> <p>Full Name (Last, First, Middle Initial) Americas Health Insurance Plans PAC (AHIP PAC)</p> <p>Mailing Address PO Box 1845</p> <p>City Birmingham State AL Zip Code 35201</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Artur Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 31129-0974084734916</p> <p>Date of Disbursement 06 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 124 / 144

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

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

Full Name (Last, First, Middle Initial) A. Congressman Waxman Campaign Committee		Transaction ID: 31129-4439508318901
Mailing Address 6380 Wilshire Boulevard #1612		Date of Disbursement MM / DD / YYYY 06 / 27 / 2007
City Los Angeles	State CA	Zip Code 90048
Purpose of Disbursement 2008 Primary		Amount of Each Disbursement this Period 1000.00
Candidate Name Henry Waxman		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 30	

Full Name (Last, First, Middle Initial) B. Crowley for Congress		Transaction ID: 2544640702235361659
Mailing Address 84-56 Grand Avenue		Date of Disbursement MM / DD / YYYY 02 / 23 / 2007
City Elmhurst	State NY	Zip Code 11373
Purpose of Disbursement 2008 Primary		Amount of Each Disbursement this Period 1000.00
Candidate Name Joseph Crowley		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 07	

Full Name (Last, First, Middle Initial) C. Dave Camp for Congress 2008		Transaction ID: 8071960703215391243
Mailing Address 5915 Eastman Avenue Suite 100		Date of Disbursement MM / DD / YYYY 03 / 21 / 2007
City Midland	State MI	Zip Code 48640
Purpose of Disbursement 2008 Primary		Amount of Each Disbursement this Period 2500.00
Candidate Name Dave Camp		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 04	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 125 / 144

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

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

<p>A. Full Name (Last, First, Middle Initial) David Scott for Congress</p> <p>Mailing Address PO Box 960821</p> <p>City Riverdale State GA Zip Code 30296</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name David Scott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 49649-4482690691947</p> <p>Date of Disbursement 05 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress</p> <p>Mailing Address PO Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 7758450703264445073</p> <p>Date of Disbursement 03 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress</p> <p>Mailing Address PO Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 31129-9276697039604</p> <p>Date of Disbursement 06 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 126 / 144

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

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

Full Name (Last, First, Middle Initial) A. Evan Bayh Committee		Transaction ID: 85446-00378054380416 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 850 Fort Wayne Avenue		Amount of Each Disbursement this Period -1000.00
City Indianapolis State IN Zip Code 46204		
Purpose of Disbursement Uncashed 10/16/06 Contribution	011 Category/ Type	
Candidate Name Evan Bayh		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Freedom & Democracy Fund		Transaction ID: 4256050702235352973 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 610 South Boulevard		Amount of Each Disbursement this Period 5000.00
City Tampa State FL Zip Code 33606		
Purpose of Disbursement 2007 Contribution	011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution	

Full Name (Last, First, Middle Initial) C. Freedom Project; the		Transaction ID: 4268780703215387357 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 424 C Street Northeast Basement Unit		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement 2007 Contribution	011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution	

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 127 / 144

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

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

Full Name (Last, First, Middle Initial) A. Friends for Harry Reid		Transaction ID: 49649-6415674090385 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address PO Box 19163		Amount of Each Disbursement this Period 2500.00
City Las Vegas State NV Zip Code 89132	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Harry Reid		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Gordon Smith		Transaction ID: 77203-7680627703666 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 228 S Washington Suite 115		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22314	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Gordon Smith		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Jim Clyburn		Transaction ID: 77203-0316125750541 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address PO Box 12567		Amount of Each Disbursement this Period 3000.00
City Columbia State SC Zip Code 29211	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name James Clyburn		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 128 / 144

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

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

Full Name (Last, First, Middle Initial) A. Friends of John Tanner		Transaction ID: 31129-1638147234916 Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2007
Mailing Address Post Office Box 1994		Amount of Each Disbursement this Period 1000.00
City State Zip Code Union City TN 38281	Purpose of Disbursement 2008 Primary Candidate Name John Tanner Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Friends of Mary Landrieu Inc		Transaction ID: 49649-7427942156791 Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2007
Mailing Address 607 14th Street NW Suite 800 Suite 1434		Amount of Each Disbursement this Period 2000.00
City State Zip Code Washington DC 20005	Purpose of Disbursement 2008 Primary Candidate Name Mary Landrieu Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends of Max Baucus		Transaction ID: 7610590702235356374 Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2007
Mailing Address PO Box 586		Amount of Each Disbursement this Period 4000.00
City State Zip Code Helena MT 59624	Purpose of Disbursement 2008 General Candidate Name Max Baucus Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:		
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 129 / 144

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

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

Full Name (Last, First, Middle Initial) A. Friends of Mike Ferguson		Transaction ID: 8381960703215386351 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address C/O Ron Gravino PO Box 225		Amount of Each Disbursement this Period 1000.00
City Colonia State NJ Zip Code 07067	Purpose of Disbursement 2008 Primary Candidate Name Mike Ferguson Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Friends of Sam Johnson		Transaction ID: 49649-7001459002494 Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2007
Mailing Address 1611 Avenue K		Amount of Each Disbursement this Period 1000.00
City Plano State TX Zip Code 75074	Purpose of Disbursement 2008 Primary Candidate Name Sam Johnson Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Heather Wilson for Congress		Transaction ID: 78087-8214532732963 Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2007
Mailing Address PO Box 14070		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87191	Purpose of Disbursement 2008 Primary Candidate Name Heather Wilson Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 130 / 144

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

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

Full Name (Last, First, Middle Initial) A. Heller for Congress		Transaction ID: 49649-6209833025932 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 7840 Red Leaf Drive		Amount of Each Disbursement this Period 1500.00
City Las Vegas State NV Zip Code 89131	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Dean Heller		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hulshof for Congress		Transaction ID: 49649-2172967791557 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address PO Box 1621		Amount of Each Disbursement this Period 1000.00
City Columbia State MO Zip Code 65205	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Kenny Hulshof		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jim Ramstad Volunteer Committee		Transaction ID: 31129-5867425799369 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 1809 Plymouth Road South #310		Amount of Each Disbursement this Period 1000.00
City Minnetonka State MN Zip Code 55305	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Jim Ramstad		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 131 / 144

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

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

Full Name (Last, First, Middle Initial) A. John D. Dingell for Congress Committee		Transaction ID: 7843560703215388388 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 607 14th Street Northwest Suite 800		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20005		
Purpose of Disbursement 2008 Primary Candidate Name John Dingell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 15	011 Category/Type	

Full Name (Last, First, Middle Initial) B. John D. Dingell for Congress Committee		Transaction ID: 5414780703264443834 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 607 14th Street Northwest Suite 800		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20005		
Purpose of Disbursement 2008 Primary Candidate Name John Dingell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 15	011 Category/Type	

Full Name (Last, First, Middle Initial) C. John Kerry for Senate		Transaction ID: 31129-1621057391166 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 10 G Street Northeast Suite 710		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement 2008 Primary Candidate Name John Kerry Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District:	011 Category/Type	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 132 / 144

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

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

Full Name (Last, First, Middle Initial) A. Mark Pryor for Us Senate		Transaction ID: 2061840702235362824 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address PO Box 2720		Amount of Each Disbursement this Period 2500.00	
City Little Rock	State AR		Zip Code 72203
Purpose of Disbursement 2008 Primary			011 Category/ Type
Candidate Name Mark Pryor			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AR District:			

Full Name (Last, First, Middle Initial) B. McConnell Senate Committee '08		Transaction ID: 8891060702235357243 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address PO Box 1496		Amount of Each Disbursement this Period 5000.00	
City Louisville	State KY		Zip Code 40201
Purpose of Disbursement 2008 Primary			011 Category/ Type
Candidate Name Mitch McConnell			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KY District:			

Full Name (Last, First, Middle Initial) C. Melissa Bean for Congress		Transaction ID: 85446-25390261411667 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address Post Office Box 3068		Amount of Each Disbursement this Period -1000.00	
City Barrington	State IL		Zip Code 60010
Purpose of Disbursement Uncashed 12/12/06 Contribution			011 Category/ Type
Candidate Name Melissa Bean			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 08			

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 133 / 144

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

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

Full Name (Last, First, Middle Initial) A. Michael Burgess for Congress		Transaction ID: 77203-9920007586479 Date of Disbursement 06 / 28 / 2007
Mailing Address PO Box 2334		Amount of Each Disbursement this Period 2000.00
City Denton State TX Zip Code 76202	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Michael Burgess		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Michael Burgess for Congress		Transaction ID: 85446-28712099790573 Date of Disbursement 06 / 30 / 2007
Mailing Address PO Box 2334		Amount of Each Disbursement this Period -2000.00
City Denton State TX Zip Code 76202	011 Category/ Type	
Purpose of Disbursement Uncashed 11/02/05 Contribution		
Candidate Name Michael Burgess		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mike Ross for Congress Committee		Transaction ID: 8124000703264446020 Date of Disbursement 03 / 26 / 2007
Mailing Address PO Box 360		Amount of Each Disbursement this Period 1500.00
City Prescott State AR Zip Code 71857	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Mike Ross		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 134 / 144

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

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

Full Name (Last, First, Middle Initial) A. Nancy Pelosi for Congress		Transaction ID: 31129-2698938250541 Date of Disbursement 06 / 27 / 2007
Mailing Address 235 Montgomery Street Suite 610		Amount of Each Disbursement this Period 2000.00
City San Francisco State CA Zip Code 94104	Purpose of Disbursement 2008 Primary Candidate Name Nancy Pelosi Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) B. Nathan Deal for Congress		Transaction ID: 49649-3256341814994 Date of Disbursement 05 / 29 / 2007
Mailing Address PO Box 902		Amount of Each Disbursement this Period 1500.00
City Gainesville State GA Zip Code 30503	Purpose of Disbursement 2008 Primary Candidate Name Nathan Deal Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) C. Nathan Deal for Congress		Transaction ID: 77203-9593622088432 Date of Disbursement 06 / 28 / 2007
Mailing Address PO Box 902		Amount of Each Disbursement this Period 500.00
City Gainesville State GA Zip Code 30503	Purpose of Disbursement 2008 Primary Candidate Name Nathan Deal Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 135 / 144

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

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

Full Name (Last, First, Middle Initial) A. New Republican Majority Fund		Transaction ID: 8031970702235364287 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 201 North Union Street Suite 530		Amount of Each Disbursement this Period 1500.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement 2007 Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution	

Full Name (Last, First, Middle Initial) B. Pat Roberts for Senate		Transaction ID: 7837660702235360390 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address PO Box 433		Amount of Each Disbursement this Period 1000.00
City Great Bend State KS Zip Code 67530	Purpose of Disbursement 2008 Primary Candidate Name Pat Roberts Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. People for English		Transaction ID: 31129-8157312273979 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address PO Box 1940		Amount of Each Disbursement this Period 1000.00
City Erie State PA Zip Code 16507	Purpose of Disbursement 2008 Primary Candidate Name Phil English Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 136 / 144

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

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

Full Name (Last, First, Middle Initial) A. Pickering for Congress		Transaction ID: 3678050703215385490 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address PO Box 4297		Amount of Each Disbursement this Period 2000.00
City Brandon	State MS	
Zip Code 39047	Purpose of Disbursement 2008 Primary	
Candidate Name Charles Pickering		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011
State: MS District: 03		

Full Name (Last, First, Middle Initial) B. Porter for Congress		Transaction ID: 49649-5181238055229 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 7840 Red Leaf Drive		Amount of Each Disbursement this Period 1000.00
City Las Vegas	State NV	
Zip Code 89131	Purpose of Disbursement 2008 Primary	
Candidate Name Jon Porter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011
State: NV District: 03		

Full Name (Last, First, Middle Initial) C. Prosperity Pac		Transaction ID: 31129-8684045672416 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 1006 Pendleton Street		Amount of Each Disbursement this Period 2500.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement 2007 Contribution	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/ Type 011
State: District: 2007 Contribution		

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 137 / 144

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

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

Full Name (Last, First, Middle Initial) A. Rely on Your Beliefs Fund		Transaction ID: 31129-4924280047416
Mailing Address 209 Pennsylvania Avenue Southeast		Date of Disbursement 06 / 27 / 2007
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2007 Contribution	Amount of Each Disbursement this Period 2500.00	
Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	2007 Contribution	

Full Name (Last, First, Middle Initial) B. Richard Burr Committee		Transaction ID: 85446-36219424009323
Mailing Address Post Office Box 5928		Date of Disbursement 06 / 30 / 2007
City Winston-Salem	State NC	Zip Code 27113
Purpose of Disbursement Uncashed 9/21/05 Contribution	Amount of Each Disbursement this Period -500.00	
Candidate Name Richard Burr	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District:		

Full Name (Last, First, Middle Initial) C. Rogers for Congress		Transaction ID: 5186120702235354248
Mailing Address PO Box 581 Post Office Box 581		Date of Disbursement 02 / 23 / 2007
City Brighton	State MI	Zip Code 48116
Purpose of Disbursement 2008 Primary	Amount of Each Disbursement this Period 3000.00	
Candidate Name Mike Rogers	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 08		

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 138 / 144

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

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

Full Name (Last, First, Middle Initial) A. Rogers for Congress		Transaction ID: 9864730703215389566 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address PO Box 581 Post Office Box 581		Amount of Each Disbursement this Period 1000.00
City Brighton State MI Zip Code 48116	Purpose of Disbursement 2008 Primary Candidate Name Mike Rogers Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Rogers for Congress		Transaction ID: 85446-06274050474166 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address PO Box 581 Post Office Box 581		Amount of Each Disbursement this Period -1000.00
City Brighton State MI Zip Code 48116	Purpose of Disbursement Uncashed 9/5/06 Contribution Candidate Name Mike Rogers Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Rogers for Congress		Transaction ID: 85446-24865359067917 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address PO Box 581 Post Office Box 581		Amount of Each Disbursement this Period -1500.00
City Brighton State MI Zip Code 48116	Purpose of Disbursement Uncashed 9/15/06 Contribution Candidate Name Mike Rogers Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶

-1500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 139 / 144

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

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

A. Full Name (Last, First, Middle Initial) Ryan for Congress		Transaction ID: 0366630703215384488 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address PO Box 1919		Amount of Each Disbursement this Period 1000.00
City Janesville State WI Zip Code 53547	Purpose of Disbursement 2008 Primary Candidate Name Paul Ryan Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Salazar for Senate		Transaction ID: 8514300703215392063 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address PO Box 600		Amount of Each Disbursement this Period 2000.00
City Denver State CO Zip Code 80201	Purpose of Disbursement 2010 Primary Candidate Name Ken Salazar Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Schultz Debbie Wasserman		Transaction ID: 77195-3048059344291 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 1071 Twin Branch Lane		Amount of Each Disbursement this Period 1000.00
City Weston State FL Zip Code 33326	Purpose of Disbursement 2008 Primary Candidate Name Debbie Wasserman Schultz Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 140 / 144

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

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

Full Name (Last, First, Middle Initial) A. Solis for Congress		Transaction ID: 49649-9314081072807 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 6380 Wilshire Boulevard #1612		Amount of Each Disbursement this Period 2000.00
City Los Angeles State CA Zip Code 90048		
Purpose of Disbursement 2008 Primary	011 Category/ Type	
Candidate Name Hilda Solis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Stephanie Tubbs Jones for Us Congress		Transaction ID: 31129-0828821063041 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 3729 Silsby Road		Amount of Each Disbursement this Period 1000.00
City University Heights State OH Zip Code 44118		
Purpose of Disbursement 2008 Primary	011 Category/ Type	
Candidate Name Stephanie Jones		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tammy Baldwin for Congress		Transaction ID: 49649-2373620867729 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address PO Box 696		Amount of Each Disbursement this Period 1000.00
City Madison State WI Zip Code 53701		
Purpose of Disbursement 2008 Primary	011 Category/ Type	
Candidate Name Tammy Baldwin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 141 / 144

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

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

Full Name (Last, First, Middle Initial) A. Team Sununu		Transaction ID: 77203-6726648211479 Date of Disbursement 06 / 28 / 2007
Mailing Address PO Box 500		Amount of Each Disbursement this Period 2000.00
City Rye State NH Zip Code 03870	Purpose of Disbursement 2008 Primary	
Candidate Name John Sununu	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Texas Freedom Fund		Transaction ID: 6572120703264447476 Date of Disbursement 03 / 26 / 2007
Mailing Address 104 East Hume Avenue		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22301	Purpose of Disbursement 2007 Contribution	
Candidate Name	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution	

Full Name (Last, First, Middle Initial) C. Tim Mahoney for Florida		Transaction ID: 49649-7403222918510 Date of Disbursement 05 / 29 / 2007
Mailing Address 4114 Northlake Boulevard Suite 300		Amount of Each Disbursement this Period 1000.00
City Palm Beach Gardens State FL Zip Code 33410	Purpose of Disbursement 2008 Primary	
Candidate Name Timothy Mahoney	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 142 / 144

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

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

Full Name (Last, First, Middle Initial)
A. Tom Feeney for Congress

Transaction ID: 49649-6956903338432
Date of Disbursement

Mailing Address 1420 Alafaya Trail #103

/ /

City Oviedo State FL Zip Code 32765

Amount of Each Disbursement this Period

Purpose of Disbursement
2008 Primary

Category/
Type

Candidate Name
Tom Feeney

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 24

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 143 / 144

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

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

Full Name (Last, First, Middle Initial) A. Friends for Sutton		Transaction ID: 85446-02680605649948 Date of Disbursement 06 / 30 / 2007
Mailing Address Box 106		Amount of Each Disbursement this Period -250.00
City Flamdreau	State Zip Code SD 57028	
Purpose of Disbursement Nonfederal Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Klock for HD 83		Transaction ID: 85446-76960390806198 Date of Disbursement 06 / 30 / 2007
Mailing Address P.O.Box 308,		Amount of Each Disbursement this Period -130.00
City Harlowton	State Zip Code MT 59036	
Purpose of Disbursement Nonfederal Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Lewis for SD 42		Transaction ID: 85446-78863161802292 Date of Disbursement 06 / 30 / 2007
Mailing Address 5871 Collins Road		Amount of Each Disbursement this Period -130.00
City Helena	State Zip Code MT 59602	
Purpose of Disbursement Nonfederal Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	-510.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 144 / 144

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

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

Full Name (Last, First, Middle Initial) A. Mike Milburn for the Legislature		Transaction ID: 85446-45757693052292 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 276 Chestnut Valley Rd.		Amount of Each Disbursement this Period -130.00
City Cascade State MT Zip Code 59421	Purpose of Disbursement Nonfederal Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) B. Ralph Heinert for HD 1		Transaction ID: 85446-29069155454635 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address PO Box 577		Amount of Each Disbursement this Period -130.00
City Libby State MT Zip Code 59923	Purpose of Disbursement Nonfederal Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

-260.00

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

-770.00