

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street) 601 Pennsylvania Avenue NW  
Suite 500 South Building  
 Check if different than previously reported. (ACC)  
Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** C00106740  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 06 01 2008 through 06 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Mr. Robert Borchardt

Signature of Treasurer Electronically Filed by Mr. Robert Borchardt Date 01 30 2009

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		167489.76
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	161291.69									
(c) Total Receipts (from Line 19) .....	18994.01	162522.16								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	180285.70	330011.92								
7. Total Disbursements (from Line 31) .....	48108.72	197834.94								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	132176.98	132176.98								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	13517.81	74664.14
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	367.48	7580.14
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	13885.29	82244.28
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	79500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	18885.29	161744.28
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) .....	108.72	777.88
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)) .....	18994.01	162522.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18994.01	162522.16

**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.....	108.72	834.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	108.72	834.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48000.00	196500.00
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.....	0.00	500.00
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))..	48108.72	197834.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48108.72	197834.94

**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 .....	18885.29	161744.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18885.29	161744.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	108.72	834.94
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	108.72	777.88
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	57.06

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

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

FOR LINE NUMBER: PAGE 6 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 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 VP Member Services and Professional De

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 15 / 2008  
Transaction ID: 110611-1  
Amount of Each Receipt this Period 62.50

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

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 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 VP Member Services and Professional De

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 30 / 2008  
Transaction ID: 270627-1  
Amount of Each Receipt this Period 62.50

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

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building Suite 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 15 / 2008  
Transaction ID: 110611-2  
Amount of Each Receipt this Period 208.33

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **333.33**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building Suite 500

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. C

Name of Employer: America's Health Insurance Plans  
Occupation: Executive Vice President, Clinical Aff

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** 270627-2

Amount of Each Receipt this Period 208.33

**B.** Full Name (Last, First, Middle Initial)  
Christopher Booth

Mailing Address 10 Northstar Rise

City Pittsford State NY Zip Code 14534

FEC ID number of contributing federal political committee. C

Name of Employer: The Lifetime Healthcare Companies (for  
Occupation: EVP, Corporate General Counsel

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1667.00

Date of Receipt 06 / 02 / 2008  
**Transaction ID:** 32764ed98990db28c30

Amount of Each Receipt this Period 1667.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Borchardt

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 500

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. C

Name of Employer: America's Health Insurance Plans  
Occupation: Senior Vice President Finance & Operat

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2008  
**Transaction ID:** 110611-3

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1900.33

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 42  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Robert Borchardt		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		Transaction ID: 270627-3
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
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	

**B.**

Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt MM / DD / YYYY 06 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		Transaction ID: 110611-4
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

**C.**

Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		Transaction ID: 270627-4
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>108.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 9 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Francie Burkhart

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 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 Director Political Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY  
06 / 15 / 2008

**Transaction ID:** 110611-6

Amount of Each Receipt this Period 125.00

**B.** Full Name (Last, First, Middle Initial)  
Francie Burkhart

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 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 Director Political Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** 270627-6

Amount of Each Receipt this Period 125.00

**C.** Full Name (Last, First, Middle Initial)  
Winthrop Cashdollar

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 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 Product Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt MM / DD / YYYY  
06 / 15 / 2008

**Transaction ID:** 110611-8

Amount of Each Receipt this Period 62.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **312.50**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 42  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Winthrop Cashdollar		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		Transaction ID: 270627-8
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans	Occupation Executive Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

**B.**

Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt MM / DD / YYYY 06 / 15 / 2008
Mailing Address 1276 N Wayne Street Apt. 1223		Transaction ID: 110611-9
City Arlington	State VA	Zip Code 22201-5857
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Marketing and Graphics	
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) Yvonne Chanatry		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 1276 N Wayne Street Apt. 1223		Transaction ID: 270627-9
City Arlington	State VA	Zip Code 22201-5857
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Marketing and Graphics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	229.16
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 42  
(check only one)

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gregory Dean</p> <p>Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500</p> <p>City Washington State DC Zip Code 20004-2601</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: America's Health Insurance Plans Occupation: Ex Dir of AHIPs Learning &amp; Resource Ce</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 15 / 2008</p> <p><b>Transaction ID:</b> 110611-10</p> <p>Amount of Each Receipt this Period 62.50</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Gregory Dean</p> <p>Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500</p> <p>City Washington State DC Zip Code 20004-2601</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: America's Health Insurance Plans Occupation: Ex Dir of AHIPs Learning &amp; Resource Ce</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2008</p> <p><b>Transaction ID:</b> 270627-10</p> <p>Amount of Each Receipt this Period 62.50</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Jill Dowell</p> <p>Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500</p> <p>City Washington State DC Zip Code 20004-2601</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: America's Health Insurance Plans Occupation: VP, Federal Affairs</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 999.96</p>	<p>Date of Receipt MM / DD / YYYY 06 / 15 / 2008</p> <p><b>Transaction ID:</b> 110611-12</p> <p>Amount of Each Receipt this Period 83.33</p>
--	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>208.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 12 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 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: VP, Federal Affairs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** 270627-12  
 Amount of Each Receipt this Period: 83.33

**B.** Full Name (Last, First, Middle Initial)  
Zeke Duda

Mailing Address 23 Old Westfall Dr

City Rochester State NY Zip Code 14625-1045

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

Name of Employer: Lifetime Healthcare Companies  
Occupation: Senior Executive VP and CFO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1667.00

Date of Receipt: 06 / 02 / 2008  
**Transaction ID:** cb81d26e047d8fa34a0  
 Amount of Each Receipt this Period: 1667.00

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

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 15 / 2008  
**Transaction ID:** 110611-13  
 Amount of Each Receipt this Period: 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1875.33**

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

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

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

FOR LINE NUMBER: PAGE 13 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID: 270627-13**  
 Amount of Each Receipt this Period: 125.00

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

Mailing Address 601 Pennsylvania Avenue Northwest  
S Building Suite 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: 06 / 15 / 2008  
**Transaction ID: 110611-16**  
 Amount of Each Receipt this Period: 20.83

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

Mailing Address 601 Pennsylvania Avenue Northwest  
S Building Suite 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: 06 / 30 / 2008  
**Transaction ID: 270627-16**  
 Amount of Each Receipt this Period: 20.83

**SUBTOTAL** of Receipts This Page (optional) ..... ► 166.66

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 42  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Donna Horoschak		Date of Receipt MM / DD / YYYY 06 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		Transaction ID: 110611-17
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

**B.**

Full Name (Last, First, Middle Initial) Donna Horoschak		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		Transaction ID: 270627-17
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

**C.**

Full Name (Last, First, Middle Initial) Scott Keefer		Date of Receipt MM / DD / YYYY 06 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		Transaction ID: 110611-19
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Director of Policy Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	208.33
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 42
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott Keefer		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2008
	City	State	Zip Code
	Washington	DC	20004-2601
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 270627-19
Name of Employer America's Health Insurance Plans		Occupation Director of Policy Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.67
		<input type="text"/> 500.04	

<b>B.</b>	Full Name (Last, First, Middle Initial) David Klein		Date of Receipt
	Mailing Address 165 Court Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 02 / 2008
	City	State	Zip Code
	Rochester	NY	14647-0001
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 499e09bad268c11e99b
Name of Employer The Lifetime Healthcare Companies (for		Occupation President & CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2000.00
		<input type="text"/> 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 15 / 2008
	City	State	Zip Code
	Washington	DC	20004-2601
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 110611-21
Name of Employer America's Health Insurance Plans		Occupation Senior Vice President, Clinical Affair	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.67
		<input type="text"/> 500.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2083.34
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 16 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 06 / 30 / 2008  
**Transaction ID: 270627-21**  
 Amount of Each Receipt this Period: 41.67

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

Mailing Address 601 Pennsylvania Avenue Northwest  
S Building Suite 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: Director, Operations and Claims

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: 06 / 15 / 2008  
**Transaction ID: 110611-22**  
 Amount of Each Receipt this Period: 20.83

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

Mailing Address 601 Pennsylvania Avenue Northwest  
S Building Suite 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: Director, Operations and Claims

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: 06 / 30 / 2008  
**Transaction ID: 270627-22**  
 Amount of Each Receipt this Period: 20.83

**SUBTOTAL** of Receipts This Page (optional) ..... ► **83.33**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 42  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Jeff Lemieux		Date of Receipt MM / DD / YYYY 06 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		Transaction ID: 110611-23
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans	Occupation SVP, Center for Health Policy & Research	
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) Jeff Lemieux		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		Transaction ID: 270627-23
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans	Occupation SVP, Center for Health Policy & Research	
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) Kevin McCarthy		Date of Receipt MM / DD / YYYY 06 / 10 / 2008
Mailing Address 2211 Congress St		Transaction ID: d9eeb1462d8ee431f47
City Portland	State ME	Zip Code 04122-0002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Unum Group	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 42  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Thomas Meyers		Date of Receipt MM / DD / YYYY 06 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		Transaction ID: 110611-29
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer America's Health Insurance Plans	Occupation Executive Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

**B.**

Full Name (Last, First, Middle Initial) Thomas Meyers		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		Transaction ID: 270627-29
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer America's Health Insurance Plans	Occupation Executive Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

**C.**

Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt MM / DD / YYYY 06 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest S Building Suite 500		Transaction ID: 110611-31
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	65.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 42  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest S Building Suite 500		Transaction ID: 270627-31
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Martin Mitchell		Date of Receipt MM / DD / YYYY 06 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building Suite 500		Transaction ID: 110611-33
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

**C.**

Full Name (Last, First, Middle Initial) Martin Mitchell		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building Suite 500		Transaction ID: 270627-33
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	66.66
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 42  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

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

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

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 6 / 1 5 / 2 0 0 8

Transaction ID: 110611-34

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)  
Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

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

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

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 6 / 3 0 / 2 0 0 8

Transaction ID: 270627-34

Amount of Each Receipt this Period

62.50

**C.**

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

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

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

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

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1393.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 8

Transaction ID: 110611-35

Amount of Each Receipt this Period

116.16

**SUBTOTAL** of Receipts This Page (optional) .....

241.16

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 42  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		Transaction ID: 270627-35
City Washington	State Zip Code DC 20004-2601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 116.16
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communication	Aggregate Year-to-Date 1393.92
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Richard Ramsay		Date of Receipt MM / DD / YYYY 06 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		Transaction ID: 110611-36
City Washington	State Zip Code DC 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	Aggregate Year-to-Date 999.96
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Richard Ramsay		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		Transaction ID: 270627-36
City Washington	State Zip Code DC 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	Aggregate Year-to-Date 999.96
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	282.82
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 22 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 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 of Membership

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: 06 / 15 / 2008  
**Transaction ID: 110611-38**  
 Amount of Each Receipt this Period: 20.83

**B.** Full Name (Last, First, Middle Initial)  
Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 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 of Membership

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: 06 / 30 / 2008  
**Transaction ID: 270627-38**  
 Amount of Each Receipt this Period: 20.83

**C.** Full Name (Last, First, Middle Initial)  
Bob Rehm

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer: America's Health Insurance Plans  
Occupation: Vice President, Public Health & Clinic

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 06 / 15 / 2008  
**Transaction ID: 110611-39**  
 Amount of Each Receipt this Period: 31.25

**SUBTOTAL** of Receipts This Page (optional) ..... ► 72.91

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 42  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Bob Rehm		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		<b>Transaction ID:</b> 270627-39
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Vice President, Public Health & Clinic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

**B.**

Full Name (Last, First, Middle Initial) Lisa Shreve		Date of Receipt MM / DD / YYYY 06 / 15 / 2008
Mailing Address 12149 Darnley Road		<b>Transaction ID:</b> 110611-40
City Woodbridge	State VA	Zip Code 22192-6615
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Professional Pr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

**C.**

Full Name (Last, First, Middle Initial) Lisa Shreve		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 12149 Darnley Road		<b>Transaction ID:</b> 270627-40
City Woodbridge	State VA	Zip Code 22192-6615
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Professional Pr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>114.59</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 42  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt MM / DD / YYYY 06 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		<b>Transaction ID:</b> 110611-41
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		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	

**B.**

Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		<b>Transaction ID:</b> 270627-41
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		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	

**C.**

Full Name (Last, First, Middle Initial) Jonathan Tilton		Date of Receipt MM / DD / YYYY 06 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		<b>Transaction ID:</b> 110611-43
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, Strategic Communicati	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.13	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>429.53</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 42  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt MM / DD / YYYY 06 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		<b>Transaction ID:</b> 110611-45
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	

**B.**

Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		<b>Transaction ID:</b> 270627-45
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	

**C.**

Full Name (Last, First, Middle Initial) Rod Turner		Date of Receipt MM / DD / YYYY 06 / 15 / 2008
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		<b>Transaction ID:</b> 110611-46
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Chief Actuary/Vice President, Product	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>458.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 26 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Rod Turner

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 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 Chief Actuary/Vice President, Product

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 30 / 2008  
Transaction ID: 270627-46  
Amount of Each Receipt this Period 41.67

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

Mailing Address 107 Chocolay Downs Drive

City Marquette State MI Zip Code 49855-9542

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 06 / 15 / 2008  
Transaction ID: 110611-47  
Amount of Each Receipt this Period 45.00

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

Mailing Address 107 Chocolay Downs Drive

City Marquette State MI Zip Code 49855-9542

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 06 / 30 / 2008  
Transaction ID: 270627-47  
Amount of Each Receipt this Period 45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 131.67

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

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

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

FOR LINE NUMBER: PAGE 27 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 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 06 / 15 / 2008

Transaction ID: 110611-48

Amount of Each Receipt this Period 31.25

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

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 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 06 / 30 / 2008

Transaction ID: 270627-48

Amount of Each Receipt this Period 31.25

**C.** Full Name (Last, First, Middle Initial)  
Paul Von Ebers

Mailing Address 26 Thomas Grv

City Pittsford State NY Zip Code 14534-3066

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

Name of Employer Lifetime Healthcare Companies Occupation Executive VP and COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1667.00

Date of Receipt 06 / 02 / 2008

Transaction ID: dd5df79a102a4b1e9d9

Amount of Each Receipt this Period 1667.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1729.50

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

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

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

FOR LINE NUMBER: PAGE 28 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 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, Legislative Affair

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 06 / 15 / 2008  
**Transaction ID: 110611-50**  
 Amount of Each Receipt this Period: 62.50

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

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 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, Legislative Affair

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID: 270627-50**  
 Amount of Each Receipt this Period: 62.50

**C.** Full Name (Last, First, Middle Initial)  
Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer: America's Health Insurance Plans  
Occupation: Senior Manager, Media Relations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: 06 / 15 / 2008  
**Transaction ID: 110611-52**  
 Amount of Each Receipt this Period: 20.83

**SUBTOTAL** of Receipts This Page (optional) ..... ► **145.83**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 / 42	
	(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"/> 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Zirkelbach		Date of Receipt	
	Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500		M M / D D / Y Y Y Y 06 / 30 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> 270627-52
	Washington	DC	20004-2601	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		20.83	
Name of Employer America's Health Insurance Plans		Occupation Senior Manager, Media Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.96		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	20.83
<b>TOTAL</b> This Period (last page this line number only) .....	13517.81

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

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

FOR LINE NUMBER: PAGE 30 / 42  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

A.

Full Name (Last, First, Middle Initial)  
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  
 06 / 18 / 2008

Transaction ID: 41e6e85407996744679

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 42  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Citibank		Date of Receipt MM / DD / YYYY 06 / 04 / 2008
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor		<b>Transaction ID:</b> d2644ef1e7611a7e212
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 24.00
Name of Employer	Occupation	Reimbursement for Merchant Service Fees
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 777.88	

**B.**

Full Name (Last, First, Middle Initial) Citibank		Date of Receipt MM / DD / YYYY 06 / 04 / 2008
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor		<b>Transaction ID:</b> 44e00166bd87f95851d
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 84.72
Name of Employer	Occupation	Reimbursement of Merchant Service Fees
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 777.88	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>108.72</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>108.72</b>

**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 32 / 42

<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)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 730 15th Street, NW Second Floor</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Wire Transfer Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5d1985e530331429bcb</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 730 15th Street, NW Second Floor</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Wire Transfer Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5f54356510bb771bb77</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Merchant Service Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 34d2e21324a4773b37b</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="53.06"/></p>

**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 33 / 42

<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)

A.

Full Name (Last, First, Middle Initial)  
Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Merchant Service Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 7de1b2d8a4ec1bf3548

Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

31.66

SUBTOTAL of Disbursements This Page (optional) .....

31.66

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

108.72

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Alamo Pac	Transaction ID: 02695-6864282488823
	Mailing Address 919 Congress Ave Suite 1400 Frost Bank Plaza	Date of Disbursement MM / DD / YYYY 06 / 30 / 2008
	City Austin State TX Zip Code 78701	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2008 Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

B.	Full Name (Last, First, Middle Initial) Boyd for Congress	Transaction ID: 59200-91245669126511
	Mailing Address PO Box 15703 PO Box 15703	Date of Disbursement MM / DD / YYYY 06 / 05 / 2008
	City Tallahassee State FL Zip Code 32317	Amount of Each Disbursement this Period -2500.00
	Purpose of Disbursement 3/14/08 Contribution Returned Candidate Name F. Allen Boyd, Jr.	011 Category/ Type
	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) ▼ Contribution

C.	Full Name (Last, First, Middle Initial) For Americas Republican Majority Pac (FARM PAC)	Transaction ID: 53639-8119317889213
	Mailing Address 675 N Washington St. Suite 410	Date of Disbursement MM / DD / YYYY 06 / 04 / 2008
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2008 Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln <hr/> Mailing Address PO Box 3197 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Blanche Lambert Lincoln <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 85334-5593530535697 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln <hr/> Mailing Address PO Box 3197 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement 2010 General Contribution Candidate Name Blanche Lambert Lincoln <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 85334-7161065936088 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Erik Paulsen <hr/> Mailing Address PO Box 44369 250 Prairie Center Drive <hr/> City Eden Prairie State MN Zip Code 55344 <hr/> Purpose of Disbursement 2008 Primary Contribution Candidate Name Erik Paulsen <hr/> 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) ▼	<b>Transaction ID:</b> 85334-9421197772026 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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 36 / 42

<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

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)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of John Barrasso <hr/> Mailing Address PO Box 52008 <hr/> City Casper State WY Zip Code 82605 <hr/> Purpose of Disbursement 2008 Primary Contribution Candidate Name John Barrasso <hr/> 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: WY District:	Transaction ID: 02695-6055719256401 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of John Boehner <hr/> Mailing Address 7908 Cincinnati Dayton Road Suite I2 <hr/> City West Chester State OH Zip Code 45069 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name John A. Boehner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 08	Transaction ID: 02695-2390558123588 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Hatch Election Committee Inc <hr/> Mailing Address 175 South West Temple Suite 650 <hr/> City Salt Lake City State UT Zip Code 84101 <hr/> Purpose of Disbursement Clerical Error - Redesignation 2012 P Candidate Name Orrin G. Hatch <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District:	Transaction ID: 85334-3686944842338 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2012 <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) ..... ▶

**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 37 / 42

<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

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)

<b>A.</b> Full Name (Last, First, Middle Initial) John Shadeggs Friends <hr/> Mailing Address PO Box 45444 <hr/> City Phoenix State AZ Zip Code 85064 <hr/> Purpose of Disbursement 2008 Primary Contribution Candidate Name John Shadegg <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85334-2752191424369 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Linder for Congress <hr/> Mailing Address PO Box 4026 <hr/> City Duluth State GA Zip Code 30096 <hr/> Purpose of Disbursement 2008 Primary Contribution Candidate Name John Linder <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85334-9620477557182 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress Inc. <hr/> Mailing Address PO Box 682185 <hr/> City Franklin State TN Zip Code 37068 <hr/> Purpose of Disbursement 2008 Primary Contribution Candidate Name Marsha Blackburn <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85334-7152521014213 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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 38 / 42

<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

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)

<b>A.</b> Full Name (Last, First, Middle Initial) McConnell Senate Committee '08 <hr/> Mailing Address PO Box 1496 <hr/> City Louisville State KY Zip Code 40201 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name Mitch McConnell <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 02695-1263391375541 Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2008
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Next Century Fund <hr/> Mailing Address 116 S Royal Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2008 Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 53639-8699609637260 Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Paul Hodes for Congress <hr/> Mailing Address 26 South Main Street, #253 <hr/> City Concord State NH Zip Code 03301 <hr/> Purpose of Disbursement 2008 Primary Contribution Candidate Name Paul W. Hodes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 53639-2792779803276 Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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 39 / 42

<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

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)

<b>A.</b> Full Name (Last, First, Middle Initial) Prosperity Pac <hr/> Mailing Address 1006 Pendleton Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2008 Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	<b>Transaction ID:</b> 53639-3858301043510 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Republican Majority Fund <hr/> Mailing Address PO Box 144 Suite 300 <hr/> City Alexandria State VA Zip Code 22313 <hr/> Purpose of Disbursement 2008 Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	<b>Transaction ID:</b> 53639-7403222918510 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Rogers for Congress <hr/> Mailing Address PO Box 581 Post Office Box 581 <hr/> City Brighton State MI Zip Code 48116 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name Mike Rogers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	<b>Transaction ID:</b> 85334-8313104510307 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

12500.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 40 / 42

<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

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)

<b>A.</b> Full Name (Last, First, Middle Initial) Senate Majority Fund <hr/> Mailing Address PO Box 32025 <hr/> City Phoenix State AZ Zip Code 85064 <hr/> Purpose of Disbursement 2008 Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution <hr/> State: District:	Transaction ID: 02695-1987268328666 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Stephanie Tubbs Jones for Us Congress <hr/> Mailing Address 3729 Silsby Rd <hr/> City University Heights State OH Zip Code 44118 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name Stephanie Tubbs Jones <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution <hr/> State: OH District: 11	Transaction ID: 53639-6583520770073 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 3000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Texans for Senator John Cornyn Inc <hr/> Mailing Address 6850 Austin Centre Blvd Suite 180 <hr/> City Austin State TX Zip Code 78731 <hr/> Purpose of Disbursement 2008 General Contribution Candidate Name John Cornyn <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution <hr/> State: TX District:	Transaction ID: 02695-2114068865776 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> 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 41 / 42

<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

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

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

A.	Full Name (Last, First, Middle Initial) Wicker for Senate		Transaction ID: 02695-4339563250541	
	Mailing Address PO Box 64		Date of Disbursement 06 / 30 / 2008	
	City Jackson	State MS	Zip Code 39205	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2008 General Contribution		011	
	Candidate Name Roger F. Wicker		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: MS	District:		

SUBTOTAL of Disbursements This Page (optional) ..... ►

2500.00

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

48000.00

Form/Schedule: **F3XA**

Transaction ID:

The Amended July Monthly Report (6/1/08 through 6/30/08) is being filed to correct the Hatch Election Committee Inc. contribution dated 6/30/08 that was erroneously designated to the 2008 Primary Election. The contribution has been redesignated to the 2012 Primary Election on Schedule B supporting Line 23. Please note that the PAC is aware that it may disclose payroll receipts by disclosing a single total for the reporting period along with the amount deducted per pay period for each contributor. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately, pursuant to 11 CFR 104.8(b), more accurately discloses how the receipts are collected.