

**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)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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: SVP, Center for Health Policy & Research

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 15 / 2008  
**Transaction ID:** 110611-23  
 Amount of Each Receipt this Period: 125.00

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

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: SVP, Center for Health Policy & Research

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** 270627-23  
 Amount of Each Receipt this Period: 125.00

**C.** Full Name (Last, First, Middle Initial)  
Kevin McCarthy

Mailing Address 2211 Congress St

City Portland State ME Zip Code 04122-0002

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

Name of Employer: Unum Group  
Occupation: President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 06 / 10 / 2008  
**Transaction ID:** d9eeb1462d8ee431f47  
 Amount of Each Receipt this Period: 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

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