

# 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 11 02 2010 in the State of DC

5. Covering Period 10 14 2010 through 11 22 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Charles Stellar

Signature of Treasurer Electronically Filed by Mr. Charles Stellar Date 04 20 2011

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

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

A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		125395.88
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	108916.66									
(c) Total Receipts (from Line 19) .....	14088.79	221577.26								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	123005.45	346973.14								
7. Total Disbursements (from Line 31) .....	28200.69	252168.38								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	94804.76	94804.76								
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
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	13494.10	127227.33
(ii) Unitemized .....	594.69	10205.06
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	14088.79	137432.39
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	79500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	14088.79	216932.39
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	1644.87
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	14088.79	221577.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14088.79	221577.26

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.....	159.69	1627.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	159.69	1627.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	16191.00	227191.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	5000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	5000.00
29. Other Disbursements.....	11850.00	18350.00
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))..	28200.69	252168.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28200.69	252168.38

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) .....	14088.79	216932.39
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14088.79	211932.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	159.69	1627.38
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	1644.87
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	159.69	-17.49

**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 7 / 67
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Gary Bacher	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 20101013144635-1
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: America's Health Insurance Plans Occupation: Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2625.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Gary Bacher	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 2010110517211-1
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: America's Health Insurance Plans Occupation: Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2625.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gary Bacher	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 2011012694633-1
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: America's Health Insurance Plans Occupation: Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2625.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>375.00</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: (check only one)	PAGE 8 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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) Carmella Bocchino		Date of Receipt																				
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	5	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	0	/	1	5	/	2	0	1	0													
	City State Zip Code Washington DC 20004		<b>Transaction ID:</b> 20101013144635-2																				
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																				
Name of Employer America's Health Insurance Plans Occupation Executive Vice President, Clinical Aff		<table border="1"><tr><td>208.33</td></tr></table>	208.33																				
208.33																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"><tr><td>4374.93</td></tr></table>	4374.93																				
4374.93																							

<b>B.</b>	Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt																				
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	0	/	2	9	/	2	0	1	0													
	City State Zip Code Washington DC 20004		<b>Transaction ID:</b> 2010110517211-2																				
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																				
Name of Employer America's Health Insurance Plans Occupation Executive Vice President, Clinical Aff		<table border="1"><tr><td>208.33</td></tr></table>	208.33																				
208.33																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"><tr><td>4374.93</td></tr></table>	4374.93																				
4374.93																							

<b>C.</b>	Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt																				
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	5	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	1	/	1	5	/	2	0	1	0													
	City State Zip Code Washington DC 20004		<b>Transaction ID:</b> 2011012694633-2																				
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																				
Name of Employer America's Health Insurance Plans Occupation Executive Vice President, Clinical Aff		<table border="1"><tr><td>208.33</td></tr></table>	208.33																				
208.33																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"><tr><td>4374.93</td></tr></table>	4374.93																				
4374.93																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1"><tr><td>624.99</td></tr></table>	624.99
624.99		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	



**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 9 / 67
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Philip Bonaparte	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 5 Rue Ct	<b>Transaction ID:</b> 8C0C1673C74703533B8
	City State Zip Code Millstone Township NJ 08535-9117	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Horizon Blue Cross Blue Shield of NJ Occupation: Vice President, Chief Medical Officer, Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Borchardt	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 20101013144635-3
	City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Senior Vice President Finance & Operat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.40	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Borchardt	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 2010110517211-3
	City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Senior Vice President Finance & Operat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2583.34
<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 10 / 67
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dianne Bricker	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 20101013144635-4
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 875.07	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dianne Bricker	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 2010110517211-4
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 875.07	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dianne Bricker	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 2011012694633-3
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 875.07	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>125.01</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 11 / 67  
(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)  
Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans  
Occupation: Vice President, Marketing and Graphics

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1937.49

Date of Receipt: 10 / 15 / 2010  
**Transaction ID:** 20101013144635-8  
 Amount of Each Receipt this Period: 104.17

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

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans  
Occupation: Vice President, Marketing and Graphics

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1937.49

Date of Receipt: 10 / 29 / 2010  
**Transaction ID:** 2010110517211-8  
 Amount of Each Receipt this Period: 104.17

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

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans  
Occupation: Vice President, Marketing and Graphics

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1937.49

Date of Receipt: 11 / 15 / 2010  
**Transaction ID:** 2011012694633-7  
 Amount of Each Receipt this Period: 104.17

**SUBTOTAL** of Receipts This Page (optional) ..... ► 312.51

**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 12 / 67  
(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) Kirstin Dawson		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2010110517211-12
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.42
Name of Employer America's Health Insurance Plans	Occupation Senior Research Associate, Clinical Po	Aggregate Year-to-Date ▼ 218.82
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Kirstin Dawson		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2011012694633-11
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.42
Name of Employer America's Health Insurance Plans	Occupation Senior Research Associate, Clinical Po	Aggregate Year-to-Date ▼ 218.82
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Gregory Dean		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20101013144635-13
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans	Occupation Executive Director Insurance Education	Aggregate Year-to-Date ▼ 1312.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	83.34
<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 13 / 67  
(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) Gregory Dean		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2010110517211-13
City Washington	State Zip Code DC 20004	
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 Insurance Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1312.50	

**B.**

Full Name (Last, First, Middle Initial) Gregory Dean		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2011012694633-12
City Washington	State Zip Code DC 20004	
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 Insurance Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1312.50	

**C.**

Full Name (Last, First, Middle Initial) Randolph Desonia		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2011012694633-14
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer America's Health Insurance Plans	Occupation Director, Medicaid Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>135.00</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 14 / 67  
(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)  
Stephanie Dougherty

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Senior Director, Professional Programs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** 20101013144635-16

Amount of Each Receipt this Period  
12.50

**B.**

Full Name (Last, First, Middle Initial)  
Stephanie Dougherty

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Senior Director, Professional Programs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

**Transaction ID:** 2010110517211-16

Amount of Each Receipt this Period  
12.50

**C.**

Full Name (Last, First, Middle Initial)  
Katie Dunning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

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

**Transaction ID:** 20101013144635-17

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► 66.67

**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 15 / 67  
(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) Katie Dunning		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2010110517211-17
City Washington	State DC	Zip Code 20004
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 ▼ 750.06	

**B.**

Full Name (Last, First, Middle Initial) Katie Dunning		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2011012694633-15
City Washington	State DC	Zip Code 20004
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 ▼ 750.06	

**C.**

Full Name (Last, First, Middle Initial) Paul Eiting		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20101013144635-18
City Washington	State DC	Zip Code 20004
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 Deputy Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 281.25	

<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 16 / 67  
(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) Paul Eiting		Date of Receipt MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2010110517211-18	
City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 31.25
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Deputy Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 281.25	

**B.**

Full Name (Last, First, Middle Initial) Paul Eiting		Date of Receipt MM / DD / YYYY 11 / 15 / 2010	
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2011012694633-16	
City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 31.25
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Deputy Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 281.25	

**C.**

Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20101013144635-19	
City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Senior Vice President, State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2625.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>187.50</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 17 / 67

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2010110517211-19		
	City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer America's Health Insurance Plans		Occupation Senior Vice President, State Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2625.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2011012694633-17		
	City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer America's Health Insurance Plans		Occupation Senior Vice President, State Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2625.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Leanne Gassaway		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20101013144635-20		
	City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 27.08	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 568.68			

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

277.08

**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 18 / 67  
(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) Leanne Gassaway		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2010110517211-20
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.08
Name of Employer America's Health Insurance Plans	Occupation Regional Director	Aggregate Year-to-Date 568.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Leanne Gassaway		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2011012694633-18
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.08
Name of Employer America's Health Insurance Plans	Occupation Regional Director	Aggregate Year-to-Date 568.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) John Giblin		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 526 Whitehall Rd		Transaction ID: 598DBD8AF9BC34BC141
City Chattanooga	State Zip Code TN 37405-3748	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Blue Cross Blue Shield of Tennessee	Occupation EVP & CFO	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>554.16</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 19 / 67  
(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) Lindy Hinman		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20101013144635-23
City Washington	State DC	Zip Code 20004
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 Special Assistant To President and Ceo	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1749.93	

**B.**

Full Name (Last, First, Middle Initial) Lindy Hinman		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2010110517211-22
City Washington	State DC	Zip Code 20004
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 Special Assistant To President and Ceo	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1749.93	

**C.**

Full Name (Last, First, Middle Initial) Lindy Hinman		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2011012694633-20
City Washington	State DC	Zip Code 20004
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 Special Assistant To President and Ceo	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1749.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>249.99</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 20 / 67  
(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)  
Joni Hong

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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 ▼ 489.53

Date of Receipt: 10 / 15 / 2010  
**Transaction ID:** 20101013144635-24  
 Amount of Each Receipt this Period: 31.25

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

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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 ▼ 489.53

Date of Receipt: 10 / 29 / 2010  
**Transaction ID:** 2010110517211-23  
 Amount of Each Receipt this Period: 31.25

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

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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 ▼ 489.53

Date of Receipt: 11 / 15 / 2010  
**Transaction ID:** 2011012694633-21  
 Amount of Each Receipt this Period: 31.25

**SUBTOTAL** of Receipts This Page (optional) ..... ► 93.75

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

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

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

FOR LINE NUMBER: PAGE 21 / 67  
(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)  
Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1749.93

Date of Receipt: 10 / 15 / 2010  
**Transaction ID:** 20101013144635-25  
 Amount of Each Receipt this Period: 83.33

**B.** Full Name (Last, First, Middle Initial)  
Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1749.93

Date of Receipt: 10 / 29 / 2010  
**Transaction ID:** 2010110517211-24  
 Amount of Each Receipt this Period: 83.33

**C.** Full Name (Last, First, Middle Initial)  
Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1749.93

Date of Receipt: 11 / 15 / 2010  
**Transaction ID:** 2011012694633-22  
 Amount of Each Receipt this Period: 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► 249.99

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

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

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

FOR LINE NUMBER: PAGE 22 / 67  
(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 N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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 ▼ 875.07

Date of Receipt: 10 / 15 / 2010  
**Transaction ID:** 20101013144635-26  
 Amount of Each Receipt this Period: 41.67

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

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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 ▼ 875.07

Date of Receipt: 10 / 29 / 2010  
**Transaction ID:** 2010110517211-25  
 Amount of Each Receipt this Period: 41.67

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

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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 ▼ 875.07

Date of Receipt: 11 / 15 / 2010  
**Transaction ID:** 2011012694633-23  
 Amount of Each Receipt this Period: 41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **125.01**

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

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

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

FOR LINE NUMBER: PAGE 23 / 67  
(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)  
Larry Larson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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 ▼ 791.73

Date of Receipt: 10 / 15 / 2010  
**Transaction ID:** 20101013144635-27  
 Amount of Each Receipt this Period: 41.67

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

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans  
Occupation: Svp, Center for Health Policy & Resear

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2625.00

Date of Receipt: 10 / 15 / 2010  
**Transaction ID:** 20101013144635-28  
 Amount of Each Receipt this Period: 125.00

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

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans  
Occupation: Svp, Center for Health Policy & Resear

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2625.00

Date of Receipt: 10 / 29 / 2010  
**Transaction ID:** 2010110517211-26  
 Amount of Each Receipt this Period: 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 291.67

**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 24 / 67

(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

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation  
America's Health Insurance Svp, Center for Health Policy & Resear  
Plans

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2625.00

Date of Receipt

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

Transaction ID: 2011012694633-24

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation  
America's Health Insurance Senior Director Public Affairs  
Plans

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1437.57

Date of Receipt

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

Transaction ID: 20101013144635-29

Amount of Each Receipt this Period

104.17

**C.**

Full Name (Last, First, Middle Initial)

Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation  
America's Health Insurance Senior Director Public Affairs  
Plans

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1437.57

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: 2010110517211-27

Amount of Each Receipt this Period

104.17

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

**333.34**

**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 25 / 67  
(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)  
Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans  
Occupation: Senior Director Public Affairs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1437.57

Date of Receipt: 11 / 15 / 2010  
**Transaction ID:** 2011012694633-25  
 Amount of Each Receipt this Period: 104.17

**B.** Full Name (Last, First, Middle Initial)  
Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans  
Occupation: Program Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.43

Date of Receipt: 10 / 15 / 2010  
**Transaction ID:** 20101013144635-30  
 Amount of Each Receipt this Period: 20.83

**C.** Full Name (Last, First, Middle Initial)  
Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans  
Occupation: Program Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.43

Date of Receipt: 10 / 29 / 2010  
**Transaction ID:** 2010110517211-28  
 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 26 / 67

(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)  
Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation  
America's Health Insurance Program Manager  
Plans

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 437.43

Date of Receipt

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

Transaction ID: 2011012694633-26

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)  
Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation  
America's Health Insurance Director of Human Resources  
Plans

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt

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

Transaction ID: 20101013144635-31

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)  
Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation  
America's Health Insurance Director of Human Resources  
Plans

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: 2010110517211-29

Amount of Each Receipt this Period

62.50

**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 27 / 67  
(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)  
Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans  
Occupation: Director of Human Resources

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 11 / 15 / 2010  
**Transaction ID:** 2011012694633-27  
 Amount of Each Receipt this Period: 20.00

**B.** Full Name (Last, First, Middle Initial)  
Anthony Meoni

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans  
Occupation: Vice President, IT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.50

Date of Receipt: 10 / 29 / 2010  
**Transaction ID:** 2010110517211-32  
 Amount of Each Receipt this Period: 10.50

**C.** Full Name (Last, First, Middle Initial)  
Anthony Meoni

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans  
Occupation: Vice President, IT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.50

Date of Receipt: 11 / 15 / 2010  
**Transaction ID:** 2011012694633-29  
 Amount of Each Receipt this Period: 10.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 41.00

**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: (check only one)	PAGE 28 / 67
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Meyers		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer 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 ▼ <input type="text" value="420.00"/>	<b>Transaction ID:</b> 20101013144635-36
			Amount of Each Receipt this Period <input type="text" value="20.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Meyers		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer 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 ▼ <input type="text" value="420.00"/>	<b>Transaction ID:</b> 2010110517211-33
			Amount of Each Receipt this Period <input type="text" value="20.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Meyers		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer 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 ▼ <input type="text" value="420.00"/>	<b>Transaction ID:</b> 2011012694633-30
			Amount of Each Receipt this Period <input type="text" value="20.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="60.00"/>
<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 29 / 67  
(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) Joseph Miller		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2010110517211-35
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation General Counsel	Aggregate Year-to-Date ▼ 312.51
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Joseph Miller		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2011012694633-32
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation General Counsel	Aggregate Year-to-Date ▼ 312.51
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20101013144635-39
City Washington	State Zip Code DC 20004	
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 Associate Counsel	Aggregate Year-to-Date ▼ 875.07
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.01</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 30 / 67  
(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 10 / 29 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2010110517211-36
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel	Aggregate Year-to-Date ▼ 875.07
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2011012694633-33
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel	Aggregate Year-to-Date ▼ 875.07
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Lisa Miller		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2010110517211-37
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.42
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, Meeting Services	Aggregate Year-to-Date ▼ 218.82
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	93.76
<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 31 / 67  
(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) Lisa Miller		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2011012694633-34
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.42
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, Meeting Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.82	

**B.**

Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20101013144635-41
City Washington	State Zip Code DC 20004	
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 ▼ 437.43	

**C.**

Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2010110517211-38
City Washington	State Zip Code DC 20004	
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 ▼ 437.43	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>52.08</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 32 / 67

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2011012694633-35		
	City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 20.83	
	FEC ID number of contributing federal political committee. C				
	Name of Employer America's Health Insurance Plans		Occupation Director Product Policy		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 437.43		

<b>B.</b>	Full Name (Last, First, Middle Initial) Teresa Mulligan		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20101013144635-9		
	City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 14.58	
	FEC ID number of contributing federal political committee. C				
	Name of Employer America's Health Insurance Plans		Occupation Executive Director, Policy Research		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 306.18		

<b>C.</b>	Full Name (Last, First, Middle Initial) Teresa Mulligan		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2010110517211-9		
	City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 14.58	
	FEC ID number of contributing federal political committee. C				
	Name of Employer America's Health Insurance Plans		Occupation Executive Director, Policy Research		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 306.18		

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

49.99

**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 33 / 67  
(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) Teresa Mulligan</p> <p>Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building</p> <p>City Washington State DC Zip Code 20004</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: America's Health Insurance Plans Occupation: Executive Director, Policy Research</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 306.18</p>	<p>Date of Receipt MM / DD / YYYY 11 / 15 / 2010</p> <p><b>Transaction ID:</b> 2011012694633-8</p> <p>Amount of Each Receipt this Period 14.58</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Betsy Pelovitz</p> <p>Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building</p> <p>City Washington State DC Zip Code 20004</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: America's Health Insurance Plans Occupation: Vice President Product Policy</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1937.49</p>	<p>Date of Receipt MM / DD / YYYY 10 / 15 / 2010</p> <p><b>Transaction ID:</b> 20101013144635-42</p> <p>Amount of Each Receipt this Period 104.17</p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Betsy Pelovitz</p> <p>Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building</p> <p>City Washington State DC Zip Code 20004</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: America's Health Insurance Plans Occupation: Vice President Product Policy</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1937.49</p>	<p>Date of Receipt MM / DD / YYYY 10 / 29 / 2010</p> <p><b>Transaction ID:</b> 2010110517211-39</p> <p>Amount of Each Receipt this Period 104.17</p>
--	--

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>222.92</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 67  
(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		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2011012694633-36
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation Vice President Product Policy	Aggregate Year-to-Date ▼ 1937.49
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20101013144635-43
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.47
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communication	Aggregate Year-to-Date ▼ 2724.81
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2010110517211-40
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.47
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communication	Aggregate Year-to-Date ▼ 2724.81
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	365.11
<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 35 / 67  
(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 11 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2011012694633-37
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.47
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communication	Aggregate Year-to-Date ▼ 2724.81
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Lawrence Platt		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20101013144635-44
City Washington	State Zip Code DC 20004	
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 Director	Aggregate Year-to-Date ▼ 1250.01
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Lawrence Platt		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2010110517211-41
City Washington	State Zip Code DC 20004	
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 Director	Aggregate Year-to-Date ▼ 1250.01
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>297.13</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 36 / 67  
(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)  
Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.01

Date of Receipt 11 / 15 / 2010  
Transaction ID: 2011012694633-38  
Amount of Each Receipt this Period 83.33

**B.** Full Name (Last, First, Middle Initial)  
Richard Popiel

Mailing Address 3 Penn Plz E  
PP 13F

City Newark State NJ Zip Code 07105-2258

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

Name of Employer Horizon Blue Cross Blue Shield of NJ Occupation Vice President and Chief Medical Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 18 / 2010  
Transaction ID: 345FE070F815E4AED17  
Amount of Each Receipt this Period 2500.00

**C.** Full Name (Last, First, Middle Initial)  
Richard Ramsay

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Vice President, State Advocacy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1833.32

Date of Receipt 10 / 15 / 2010  
Transaction ID: 20101013144635-45  
Amount of Each Receipt this Period 104.17

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2687.50

**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 37 / 67  
(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) Richard Ramsay		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2010110517211-42
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation Vice President, State Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1833.32	

**B.**

Full Name (Last, First, Middle Initial) Ingrid Reeves		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20101013144635-47
City Washington	State DC	Zip Code 20004
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 Vice President, Membership	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.43	

**C.**

Full Name (Last, First, Middle Initial) Ingrid Reeves		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2010110517211-44
City Washington	State DC	Zip Code 20004
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 Vice President, Membership	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.43	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>145.83</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 38 / 67

(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)  
Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation  
America's Health Insurance Vice President, Membership  
Plans

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 437.43

Date of Receipt

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

Transaction ID: 2011012694633-40

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)  
Bob Rehm

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 712.50

Date of Receipt

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

Transaction ID: 20101013144635-48

Amount of Each Receipt this Period

37.50

**C.**

Full Name (Last, First, Middle Initial)  
Bob Rehm

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 712.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: 2010110517211-45

Amount of Each Receipt this Period

37.50

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

95.83

**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 39 / 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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) Bob Rehm	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 2011012694633-41
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 37.50
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 712.50	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sue Rohan	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 20101013144635-49
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: America's Health Insurance Plans Occupation: Vice President, Federal Programs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.01	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sue Rohan	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 2010110517211-46
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: America's Health Insurance Plans Occupation: Vice President, Federal Programs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.01	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>204.16</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 40 / 67  
(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) Sue Rohan		Date of Receipt MM / DD / YYYY 11 / 15 / 2010	
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2011012694633-42	
City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 83.33
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Vice President, Federal Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.01	

**B.**

Full Name (Last, First, Middle Initial) Lisa Shreve		Date of Receipt MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20101013144635-50	
City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Senior Vice President, Professional Pr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 875.07	

**C.**

Full Name (Last, First, Middle Initial) Lisa Shreve		Date of Receipt MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2010110517211-47	
City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans		Occupation Senior Vice President, Professional Pr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 875.07	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	166.67
<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 41 / 67  
(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)  
Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans  
Occupation: Senior Vice President, Professional Pr

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.07

Date of Receipt: 11 / 15 / 2010  
**Transaction ID:** 2011012694633-43  
 Amount of Each Receipt this Period: 41.67

**B.** Full Name (Last, First, Middle Initial)  
Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans  
Occupation: Executive V.P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2982.45

Date of Receipt: 10 / 15 / 2010  
**Transaction ID:** 20101013144635-51  
 Amount of Each Receipt this Period: 104.17

**C.** Full Name (Last, First, Middle Initial)  
Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans  
Occupation: Executive V.P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2982.45

Date of Receipt: 10 / 29 / 2010  
**Transaction ID:** 2010110517211-48  
 Amount of Each Receipt this Period: 104.17

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **250.01**

**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: (check only one)	PAGE 42 / 67
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles Stellar		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<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 1 1 / 1 5 / 2 0 1 0
	City State Zip Code Washington DC 20004		<b>Transaction ID:</b> 2011012694633-44
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 104.17
	Name of Employer Occupation America's Health Insurance Executive V.P. Plans		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2982.45	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jessica Talbert		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<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 1 0 / 1 5 / 2 0 1 0
	City State Zip Code Washington DC 20004		<b>Transaction ID:</b> 20101013144635-52
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 31.25
	Name of Employer Occupation America's Health Insurance Deputy Director, Political Affairs Plans		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 593.75	

<b>C.</b>	Full Name (Last, First, Middle Initial) Aaron Tucker		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<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 1 0 / 2 9 / 2 0 1 0
	City State Zip Code Washington DC 20004		<b>Transaction ID:</b> 2010110517211-49
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.42
	Name of Employer Occupation America's Health Insurance Senior Legislative & Regulatory Analys Plans		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 218.82	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>145.84</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 43 / 67  
(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)  
Aaron Tucker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans  
Occupation: Senior Legislative & Regulatory Analyst

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.82

Date of Receipt: 11 / 15 / 2010  
**Transaction ID:** 2011012694633-45  
 Amount of Each Receipt this Period: 10.42

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

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4374.93

Date of Receipt: 10 / 15 / 2010  
**Transaction ID:** 20101013144635-54  
 Amount of Each Receipt this Period: 208.33

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

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4374.93

Date of Receipt: 10 / 29 / 2010  
**Transaction ID:** 2010110517211-50  
 Amount of Each Receipt this Period: 208.33

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **427.08**

**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: (check only one)	PAGE 44 / 67
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Tuffin	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 2011012694633-46
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 208.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 4374.93	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Van Koevering	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 20101013144635-55
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: America's Health Insurance Plans Occupation: Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1499.97	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Van Koevering	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 2010110517211-51
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: America's Health Insurance Plans Occupation: Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1499.97	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>374.99</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 45 / 67  
(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) Mark Van Koevering		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2011012694633-47
City Washington	State DC	Zip Code 20004
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 Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.97	

**B.**

Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20101013144635-56
City Washington	State DC	Zip Code 20004
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 Deputy Director, State Publications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 656.25	

**C.**

Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 2010110517211-52
City Washington	State DC	Zip Code 20004
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 Deputy Director, State Publications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 656.25	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>145.83</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 46 / 67  
(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 N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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 ▼ 656.25

Date of Receipt: 11 / 15 / 2010  
**Transaction ID:** 2011012694633-48  
 Amount of Each Receipt this Period: 31.25

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

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans  
Occupation: Press Secretary

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.07

Date of Receipt: 10 / 15 / 2010  
**Transaction ID:** 20101013144635-59  
 Amount of Each Receipt this Period: 104.17

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

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans  
Occupation: Press Secretary

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.07

Date of Receipt: 10 / 29 / 2010  
**Transaction ID:** 2010110517211-55  
 Amount of Each Receipt this Period: 104.17

**SUBTOTAL** of Receipts This Page (optional) ..... ► 239.59

**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 47 / 67	
	(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 N.W. Suite 500, South Building		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	5	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	5	/	2	0	1	0														
	City State Zip Code Washington DC 20004		<b>Transaction ID:</b> 2011012694633-50																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 104.17																					
Name of Employer America's Health Insurance Plans		Occupation Press Secretary																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1375.07																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	104.17
<b>TOTAL</b> This Period (last page this line number only) .....	▶	13494.10

**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 48 / 67

<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 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> 72058E519D7632E401E</p> <p>Date of Disbursement 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 12.00</p> <p>Category/Type 001</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 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> 5DA814B0A7E7862E239</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 12.00</p> <p>Category/Type 001</p>
<p><b>C.</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 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> BD8CCA35BF862819952</p> <p>Date of Disbursement 11 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 12.00</p> <p>Category/Type 001</p>

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

36.00

**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 49 / 67

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Citibank <hr/> Mailing Address 1101 Pennsylvania Ave, NW 11th Floor <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Merchant Service Fees Candidate Name	Transaction ID: 3ECDC26BC44B2CD3783 Date of Disbursement 11 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 31.74		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001	
		Disbursement For:	
<b>B.</b> Full Name (Last, First, Middle Initial) Citibank <hr/> Mailing Address 1101 Pennsylvania Ave, NW 11th Floor <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Merchant Service Fees Candidate Name	Transaction ID: 6B16D9EAE04A92272D0 Date of Disbursement 11 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 60.21		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001	
		Disbursement For:	
<b>C.</b> Full Name (Last, First, Middle Initial) Citibank <hr/> Mailing Address 1101 Pennsylvania Ave, NW 11th Floor <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Merchant Service Fees Candidate Name	Transaction ID: AA4B346613A32058B0F Date of Disbursement 11 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 31.74		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001	
		Disbursement For:	

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

123.69

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

159.69

**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) Arcuri for Congress <hr/> Mailing Address PO Box 8508 <hr/> City Utica State NY Zip Code 13505 <hr/> Purpose of Disbursement 2010 General Contribution Candidate Name Michael Angelo Arcuri <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 38943-9427301287651 Date of Disbursement 10 / 22 / 2010
	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>B.</b> Full Name (Last, First, Middle Initial) Battle Born Political Action Committee <hr/> Mailing Address PO Box 370667 <hr/> City Las Vegas State NV Zip Code 89137 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Battle Born Political Action Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 38943-3499719500541 Date of Disbursement 10 / 22 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) David Schweikert for Congress <hr/> Mailing Address 15749 E El Lago Blvd <hr/> City Fountain Hills State AZ Zip Code 85268 <hr/> Purpose of Disbursement 2010 General Contribution Candidate Name David Schweikert <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 38943-4793664813041 Date of Disbursement 10 / 22 / 2010
	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) ▼

**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 51 / 67

<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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Nan Hayworth</p> <p>Mailing Address 51 Gleneida Avenue</p> <p>City Carmel State NY Zip Code 10512</p> <p>Purpose of Disbursement 2010 General Contribution</p> <p>Candidate Name Nan S. Hayworth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 38943-3616296648979</p> <p>Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Locust Street Group</p> <p>Mailing Address 3220 N Street NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement In-Kind Auto Calls</p> <p>Candidate Name Nan S. Hayworth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> V171E43AD32FB99058BB</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 925.00</p> <p>In-Kind</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Locust Street Group</p> <p>Mailing Address 3220 N Street NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement In-Kind Auto Calls</p> <p>Candidate Name Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> V1DA10C7EA6DFEABE4A6</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1345.00</p> <p>In-Kind</p> <p>011 Category/ Type</p>

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

3270.00

**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)

<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) Locust Street Group <hr/> Mailing Address 3220 N Street NW <hr/> City Washington State DC Zip Code 20007 <hr/> Purpose of Disbursement In-Kind Auto Calls Candidate Name Michael Angelo Arcuri <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V56C4C9662697AF116E9 Date of Disbursement 10 / 31 / 2010
	Amount of Each Disbursement this Period 925.00
	Category/Type 011
	In-Kind
<b>B.</b> Full Name (Last, First, Middle Initial) Locust Street Group <hr/> Mailing Address 3220 N Street NW <hr/> City Washington State DC Zip Code 20007 <hr/> Purpose of Disbursement In-Kind Auto Calls Candidate Name Patrick L. Meehan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V58F4EF333813810B0B7 Date of Disbursement 10 / 31 / 2010
	Amount of Each Disbursement this Period 925.00
	Category/Type 011
	In-Kind
<b>C.</b> Full Name (Last, First, Middle Initial) Locust Street Group <hr/> Mailing Address 3220 N Street NW <hr/> City Washington State DC Zip Code 20007 <hr/> Purpose of Disbursement In-Kind Auto Calls Candidate Name Michael E. McMahon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: VA74B001B1346FBE69BC Date of Disbursement 10 / 31 / 2010
	Amount of Each Disbursement this Period 225.00
	Category/Type 011
	In-Kind

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

2075.00

**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)

<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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Locust Street Group</p> <p>Mailing Address 3220 N Street NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement In-Kind Auto Calls</p> <p>Candidate Name Michael E. McMahon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> VD3FF56DA36D5EB04EAA</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 225.00</p> <p>In-Kind</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Locust Street Group</p> <p>Mailing Address 3220 N Street NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement In-Kind Auto Calls</p> <p>Candidate Name Michael G. Fitzpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> VF77B895CE45AEED2351</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1121.00</p> <p>In-Kind</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lou Barletta for Congress</p> <p>Mailing Address PO Box 128</p> <p>City Hazleton State PA Zip Code 18201</p> <p>Purpose of Disbursement 2010 General Contribution</p> <p>Candidate Name Louis J. Barletta</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 38943-3368951678276</p> <p>Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

2346.00

**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 54 / 67

<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) Michael Grimm for Congress	<b>Transaction ID:</b> 09303-4027673602104
	Mailing Address 560 9th Street	Date of Disbursement MM / DD / YYYY 11 / 09 / 2010
	City Brooklyn State NY Zip Code 11215	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement General Contribution 2010 Candidate Name Michael G. Grimm Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 13	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Ron Johnson for Senate Inc	<b>Transaction ID:</b> 38943-2501184344291
	Mailing Address 601 Oregon Street Suite A	Date of Disbursement MM / DD / YYYY 10 / 22 / 2010
	City Oshkosh State WI Zip Code 54902	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement 2010 General Contribution Candidate Name Ronald H. Johnson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District:	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Wedgепac	<b>Transaction ID:</b> 38943-5027429461479
	Mailing Address PO Box 680063	Date of Disbursement MM / DD / YYYY 10 / 22 / 2010
	City Franklin State TN Zip Code 37068	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement 2010 Contribution Candidate Name Wedgепac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	011 Category/ Type

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

5500.00

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

16191.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 67

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

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) Alice Forgy Kerr for Senate Campaign <hr/> Mailing Address 3274 Gondola Drive <hr/> City Lexington State KY Zip Code 40513 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 38943-3969995379447 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Anthony Brown for State Representative <hr/> Mailing Address 799 E 2200 Road <hr/> City Eudora State KS Zip Code 66025 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28676-2865259051322 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 300.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Arlen Siegfried for Re-Election <hr/> Mailing Address 1403 West Prairie <hr/> City Olathe State KS Zip Code 66061 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28676-8964349627494 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

750.00

**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)

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

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>	<p>Full Name (Last, First, Middle Initial) Bill Brown for State Senate 2010</p> <p>Mailing Address    524 S. Elm Place</p> <p>City                                  State                  Zip Code Brown Arrow                    OK                  74012</p> <p>Purpose of Disbursement Nonfederal Contribution</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> 28676-5040094256401</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td><sup>M</sup>1</td> <td><sup>M</sup>0</td> <td><sup>D</sup>2</td> <td><sup>D</sup>7</td> <td><sup>Y</sup>2</td> <td><sup>Y</sup>0</td> <td><sup>Y</sup>1</td> <td><sup>Y</sup>0</td> </tr> </table>	<sup>M</sup> 1	<sup>M</sup> 0	<sup>D</sup> 2	<sup>D</sup> 7	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 1	<sup>Y</sup> 0	<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">500.00</td> </tr> </table>	500.00
<sup>M</sup> 1	<sup>M</sup> 0	<sup>D</sup> 2	<sup>D</sup> 7	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 1	<sup>Y</sup> 0					
500.00												
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) Bingman for Senate 2010</p> <p>Mailing Address    1502 E. McKinley</p> <p>City                                  State                  Zip Code Sapulpa                            OK                  74066</p> <p>Purpose of Disbursement Nonfederal Contribution</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> 28676-9719201922416</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td><sup>M</sup>1</td> <td><sup>M</sup>0</td> <td><sup>D</sup>2</td> <td><sup>D</sup>7</td> <td><sup>Y</sup>2</td> <td><sup>Y</sup>0</td> <td><sup>Y</sup>1</td> <td><sup>Y</sup>0</td> </tr> </table>	<sup>M</sup> 1	<sup>M</sup> 0	<sup>D</sup> 2	<sup>D</sup> 7	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 1	<sup>Y</sup> 0	<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">700.00</td> </tr> </table>	700.00
<sup>M</sup> 1	<sup>M</sup> 0	<sup>D</sup> 2	<sup>D</sup> 7	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 1	<sup>Y</sup> 0					
700.00												
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) Bob Damron for House of Representatives</p> <p>Mailing Address    231 Fairway West</p> <p>City                                  State                  Zip Code Nicholasville                    KY                  40356</p> <p>Purpose of Disbursement Nonfederal Contribution</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> 38943-2794458270072</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td><sup>M</sup>1</td> <td><sup>M</sup>0</td> <td><sup>D</sup>2</td> <td><sup>D</sup>2</td> <td><sup>Y</sup>2</td> <td><sup>Y</sup>0</td> <td><sup>Y</sup>1</td> <td><sup>Y</sup>0</td> </tr> </table>	<sup>M</sup> 1	<sup>M</sup> 0	<sup>D</sup> 2	<sup>D</sup> 2	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 1	<sup>Y</sup> 0	<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">300.00</td> </tr> </table>	300.00
<sup>M</sup> 1	<sup>M</sup> 0	<sup>D</sup> 2	<sup>D</sup> 2	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 1	<sup>Y</sup> 0					
300.00												

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1500.00
<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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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) Bob Grant for Kansas House of Representatives</p> <p>Mailing Address 407 W. Magnolia</p> <p>City Cherokee State KS Zip Code 66724</p> <p>Purpose of Disbursement Nonfederal Contribution</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> 28676-8140985369682</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p> <p><input type="text" value="011"/> Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Brandon Smith for Senate Campaign</p> <p>Mailing Address 350 Kentucky Blvd.</p> <p>City Hazard State KY Zip Code 41701</p> <p>Purpose of Disbursement Nonfederal Contribution</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> 38943-1724054217338</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p> <p><input type="text" value="011"/> Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Brenda Landwehr for State Representative</p> <p>Mailing Address 2837 N. Edwards Street</p> <p>City Wichita State KS Zip Code 67204</p> <p>Purpose of Disbursement Nonfederal Contribution</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> 28676-9403344988823</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p><input type="text" value="011"/> Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="850.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

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

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) Burrage for Senate 2010 <hr/> Mailing Address PO Box 309 <hr/> City Claremore State OK Zip Code 74018 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28676-4405938982963 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 300.00
	<input type="text" value="011"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Burroughs for House <hr/> Mailing Address PO Box 15322 <hr/> City Kansas City State KS Zip Code 66115 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28676-6927606463432 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 150.00
	<input type="text" value="011"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Clark Shultz for Kansas House of Representatives <hr/> Mailing Address 707 Washington Circle <hr/> City Kindsborg State KS Zip Code 67456 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28676-3909875750541 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	<input type="text" value="011"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

950.00

**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)

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

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) Cliff Aldridge for Senate <hr/> Mailing Address P.O. Box 10946 <hr/> City State Zip Code Midwest City OK 73140 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28676-3428766131401 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Dan Seum for State Senate <hr/> Mailing Address 1107 Holly Avenue <hr/> City State Zip Code Fairdale KY 40118 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 38943-8199273943901 Date of Disbursement 10 / 22 / 2010
	Amount of Each Disbursement this Period 200.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Danny Ford for Representative Campaign <hr/> Mailing Address PO Box 1245 <hr/> City State Zip Code Mt. Vernon KY 40456 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 38943-1063043475151 Date of Disbursement 10 / 22 / 2010
	Amount of Each Disbursement this Period 200.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

900.00

**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 60 / 67

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

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) David Crum for Kansas House of Representatives <hr/> Mailing Address 2903 Lakeshore Drive <hr/> City August State KS Zip Code 67010 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28676-3821985125541 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 300.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) David Givens for Senate Campaign <hr/> Mailing Address PO Box 12 <hr/> City Greensburg State KY Zip Code 42743 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 38943-7272149920463 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) David L. Williams for State Senate <hr/> Mailing Address P.O. Box 666 <hr/> City Burkesville State KY Zip Code 42717 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 38943-9865381121635 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 300.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

800.00

**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 61 / 67

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

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) Dorsey Ridley for Senate Campaign <hr/> Mailing Address 4030 Hidden Creek Drive <hr/> City Henderson State KY Zip Code 42420 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 38943-5075342059135 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Dan Sullivan <hr/> Mailing Address 4306 S. Peoria, #671 <hr/> City Tulsa State OK Zip Code 74105 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28676-5165979266166 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Kris Steele 2010 <hr/> Mailing Address 1211 Cambridge Drive <hr/> City Shawnee State OK Zip Code 74804 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28676-7095453143119 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 700.00
	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1400.00

**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 62 / 67

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

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) Greg Stumbo for Representative Campaign	Transaction ID: 38943-6944238543510 Date of Disbursement 10 / 22 / 2010
	Mailing Address: Box 1473 108 Kassidy Drive	Amount of Each Disbursement this Period 300.00
	City: Prestonsburg State: KY Zip Code: 41653	
	Purpose of Disbursement: Nonfederal Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>B.</b>	Full Name (Last, First, Middle Initial) Huntington for State Senate	Transaction ID: 28676-1725732684135 Date of Disbursement 10 / 27 / 2010
	Mailing Address: 6264 Glenfield Drive	Amount of Each Disbursement this Period 250.00
	City: Fairway State: KS Zip Code: 66205	
	Purpose of Disbursement: Nonfederal Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>C.</b>	Full Name (Last, First, Middle Initial) Jeff Greer for Representative Campaign	Transaction ID: 38943-2058374285697 Date of Disbursement 10 / 22 / 2010
	Mailing Address: PO Box 1007	Amount of Each Disbursement this Period 300.00
	City: Brandenburg State: KY Zip Code: 40108	
	Purpose of Disbursement: Nonfederal Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

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

850.00

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 63 / 67

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

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) Jeff Hoover for Representative Campaign</p> <p>Mailing Address P.O. Box 985</p> <p>City Jamestown State KY Zip Code 42629</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> 38943-0476343035697</p> <p>Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jim Gooch Jr. State Representative Campaign</p> <p>Mailing Address 714 North Broadway B-2</p> <p>City Providence State KY Zip Code 42450</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> 38943-0719262957572</p> <p>Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John Tilley for Representative Campaign</p> <p>Mailing Address PO Box 540</p> <p>City Hopkinsville State KY Zip Code 42241</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> 38943-3801080584526</p> <p>Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/ Type</p>

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

**800.00**

**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 64 / 67

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

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) Julie Denton for State Senate <hr/> Mailing Address 1708 Golden Leaf Way <hr/> City Louisville State KY Zip Code 40245 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 38943-0530053973197 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 300.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Merrick for State Representative <hr/> Mailing Address 6874 W 164th <hr/> City Stilwell State KS Zip Code 66085 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28676-7368127703666 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mike O'Neal for Kansas House of Representatives <hr/> Mailing Address PO Box 2977 <hr/> City Hutchinson State KS Zip Code 67504-2977 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28676-9818231463432 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

800.00

**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 65 / 67

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

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) Olson for State Representative <hr/> Mailing Address 19050 W. 161st <hr/> City Olathe State KS Zip Code 66062 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28676-3693963885307 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 150.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Peck for Kansas Representative <hr/> Mailing Address Box 277 <hr/> City Tyro State KS Zip Code 67364 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28676-6298181414604 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 300.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Stivers for Senate <hr/> Mailing Address 207 Main Street <hr/> City Manchester State KY Zip Code 40962 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 38943-8306543231010 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 300.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

750.00

**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 66 / 67

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

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) Rocky Adkins for State Representative <hr/> Mailing Address PO Box 688 <hr/> City Sandy Hook State KY Zip Code 41171 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 38943-6991235613823 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 300.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Ron Crimm for Representative Campaign <hr/> Mailing Address PO Box 43244 <hr/> City Louisville State KY Zip Code 40253 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 38943-9554864764213 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Sannie Overly for Representative Campaign <hr/> Mailing Address 340 Main Street <hr/> City Paris State KY Zip Code 40361 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 38943-7803918719291 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	700.00
<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)

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

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) Scott Schwab for Kansas House of Representatives</p> <p>Mailing Address 14953 W. 140th Terrace</p> <p>City Olathe State KS Zip Code 66062</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> 28676-8447534441948 <b>Date of Disbursement</b> 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>011 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Steve Riggs for Representative Campaign</p> <p>Mailing Address PO Box 24586</p> <p>City Louisville State KY Zip Code 40224</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> 38943-9527398943901 <b>Date of Disbursement</b> 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tom Buford for State Senate</p> <p>Mailing Address 409 West Maple Street</p> <p>City Nicholasville State KY Zip Code 40356</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> 38943-9272119402885 <b>Date of Disbursement</b> 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>011 Category/Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>11850.00</b>