

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 133

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jill Dowell

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, Federal Affairs
Plans

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: 270527-14

Amount of Each Receipt this Period

104.00

B.

Full Name (Last, First, Middle Initial)
Michael Dudley

Mailing Address 4417 Corporation Lane

City State Zip Code
Virginia Beach VA 23462-3162

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

Name of Employer Occupation
Sentara Health Plans, Inc. President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 3dedbc93ebce8610507

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
Paul Eiting

Mailing Address 601 Pennsylvania Avenue Northwest
South Building, Suite 500

City State Zip Code
Washington DC 20004-2601

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

Name of Employer Occupation
America's Health Insurance Legislative/Regulatory Analyst
Plans

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: 2c8bba9e4b60591244c

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2354.00

TOTAL This Period (last page this line number only)