

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

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

FOR LINE NUMBER: PAGE 67 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Christopher Perna

Mailing Address 165 Court Street

City

Rochester

State

NY

Zip Code

14647-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MedAmerica Insurance Comp-  
any of New Yo

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: f85d3d6a4a1f53ebc74

Amount of Each Receipt this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

Susan Pisano

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 Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1245.21

Date of Receipt

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

Transaction ID: 300130-42

Amount of Each Receipt this Period

125.45

**C.**

Full Name (Last, First, Middle Initial)

Susan Pisano

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 Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1245.21

Date of Receipt

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

Transaction ID: 270227-102

Amount of Each Receipt this Period

125.45

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

3250.90

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