Image# 12950513061			PAGE 1 / 14
	ND DISBURS	SEMENTS	Office Lice Only
	PE OR PRINT V		
	FEC Dr.M. 3x       REPORT OF RECEIPTS Support of the Than An Authorized Committee         AME OF OMMITTEE (in full)       TYPE OF PRINT ▼       Example: If typing, type       12FE4M5         AME OF OMMITTEE (in full)       TYPE OF PRINT ▼       Example: If typing, type       12FE4M5         ericas Health Insurance Plans PAC (AHIP PAC)       601 Pennsylvenia Avenue, NW       000000000000000000000000000000000000		
		PAC)	
ADDRESS (number and street)	01 Pennsylvania Avenue, NV	/ 	
	outh Building, Suite 500		
than previously reported. (ACC)	Vashington		DC 20004 -
2. FEC IDENTIFICATION NUMB	ER V CITY	<b>A</b>	STATE ZIP CODE
C C00106740		~ ~ ~	
(Choose One) (a) Quarterly Reports:	Report Due On: Mar 2	D (M3)	20 (M6) Sep 20 (M9) Dec 20 (M1 (Non-Election Year Only) Dec 20 (M1 (Non-Election Year Only)
July 15 Quarterly Report (Q2) October 15	PRE-Election		
January 31	Election		D / Y Y Y Y in the State of
Report (Non-election	POST-Election	General (30G)	Runoff (30R) Special (305
	Election		D / Y Y Y Y in the State of
5. Covering Period			
-	-	y knowledge and belie	f it is true, correct and complete.
Type or Print Name of Treasurer	Charles W. Stellar		
Signature of Treasurer Charles W	'. Stellar	[Electronically File	
NOTE: Submission of false, erroneous	, or incomplete information i	may subject the person s	signing this Report to the penalties of 2 U.S.C. §437g
Office Use Only			FEC FORM 3X Rev. 12/2004

02/16/2012 08 : 52

mag	e# 12950513062		
	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	
Wr	ite or Type Committee Name		
А	mericas Health Insurance Plans	PAC (AHIP PAC)	
Re	port Covering the Period: From:	01 01 / Y Y Y Y 01 01 To:	01 / D D / Y Y Y 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1, 2012		48849.69
	(b) Cash on Hand at Beginning of Reporting Period	48849.69	
	(c) Total Receipts (from Line 19)	13169.50	13169.50
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	62019.19	62019.19
	Total Disbursements (from Line 31)	24564.02	24564.02
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37455.17	37455.17
	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	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

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 01	M / D D / Y Y Y Y 01 2012 To:	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	5207.44	5297.14
(i) Itemized (use Schedule A)	5297.14	5257.14
		0070.00
(ii) Unitemized	2872.36	2872.36
(iii) TOTAL (add	0400 50	9460 50
Lines 11(a)(i) and (ii)	8169.50	8169.50
	0.00	0.00
(b) Political Party Committees		
(c) Other Political Committees	5000.00	5000.00
(such as PACs)	7 7 7	
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	13169.50	13169.50
Totals to Line 33, page 5)►	7 7	
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
	0.00	0.00
3. All Loans Received		0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
<ol><li>Refunds of Contributions Made</li></ol>		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. 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 Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	13169.50	13169.50
, _, , _, _, .,,	7 7 7	
0. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	13169.50	13169.50
	10100.00	10100:00

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar fear-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	64.02	64.02
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ► Transfers to Affiliated/Other Party	64.02	64.02
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	24500.00	24500.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c))►	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated 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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	24564.02	24564.02
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	24564.02	24564.02

FE6AN026

L

#### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	13169.50	13169.50
I. Total Contribution Refunds (from Line 28(d))	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	13169.50	13169.50
<ul> <li>G. Total Federal Operating Expenditures</li> <li>(add Line 21(a)(i) and Line 21(b))</li> </ul>	64.02	64.02
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	64.02	64.02

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 6 OF

			Detailed Summary Page		11a		11b	11c	12	
Any in	formation copied from such Reports and S	tatemente me	w not be sold or used by any	Joreon f	13		14	15 soliciting	16	17 tions
or for	commercial purposes, other than using the	name and a	ddress of any political committe	e to sol	licit coi	ntrib	utions fr	rom such	contribu	ions iee.
	ME OF COMMITTEE (In Full)									
\ \	mericas Health Insurance Plar	ns PAC (/								
	l Name (Last, First, Middle Initial) hristy Bell				Date of	f Re	ceipt			
	iling Address 3 Penn Plz E Pp-16A				м – м 01		05	L	ү ү 2012	
City Ne	/ wark	State NJ	Zip Code 07105-2258						3 <b>5089149</b> is Period	
FEC	C ID number of contributing eral political committee.	С			anoun				3000 3	
	me of Employer	Occupation Chief Execu								
	rizon Blue Cross Blue Shield of New ceipt For:									
	Primary General Other (specify) <del>V</del>		Year-to-Date ▼ 3000.00	]						
	I Name (Last, First, Middle Initial) armella Bocchino				Date of	f Re	ceipt			
Mai	iling Address 601 Pennsylvania Avenue N.V Suite 500, South Building	V			M M		13	/ Y	2012	Y
City		State	Zip Code						111728-2	
Wa	ashington	DC	20004	/	Amoun	t of	Each R	eceipt th	is Period	
	C ID number of contributing eral political committee.	С				_	7	7	208	.33
	me of Employer erica's Health Insurance Plans	Occupation								
			fice President, Clinical Aff							
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 416.66	]						
	I Name (Last, First, Middle Initial) armella Bocchino				Date of	f Re	ceipt			
Mai	iling Address 601 Pennsylvania Avenue N.V Suite 500, South Building				м м 01		31	/ Y	2012	Y
City Wa	/ ashington	State DC	Zip Code 20004						<b>111741-2</b> is Period	
FEC	C ID number of contributing eral political committee.	С			unoull	. 01				3.33
Nar	me of Employer	Occupation								
	erica's Health Insurance Plans	Executive V	/ice President, Clinical Aff							
Rec		Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		416.66	]						
SUBT	<b>FOTAL</b> of Receipts This Page (optional)					-	3	- 7	3416.	.66
тота	L This Period (last page this line number	only)				_				

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 7 OF

		Detailed Summary Page		-		11b	11c	12	
	ate and Otat	Letter and the second s		13		14	15	16	17
Any information copied from such Repo or for commercial purposes, other than									
NAME OF COMMITTEE (In Full)	0								
Americas Health Insuran	ce Plans PAC (	AHIP PAC)							
Full Name (Last, First, Middle Initial) A. Yvonne Chanatry				Date of	Re	ceipt			
Mailing Address 601 Pennsylvania A Suite 500, South Bui				м – м 01	/	31	/ Y	ү ү 2012	Y
City	State	Zip Code		Trans	acti	on ID :	2012020	111741-5	;
Washington	DC	20004	A	mount	t of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					7		104	.17
Name of Employer	Occupation	1							
America's Health Insurance Plans	Vice Presid	lent, Marketing and Graphics							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary     General       Other (specify) ▼		208.34							
Full Name (Last, First, Middle Initial) <b>B. Daniel Durham</b>				Date of	Re	ceipt			
Mailing Address 601 Pennsylvania Av Suite 500, South Bu				м м 01	1	13	/ Y	у у 2012	Y
City	State	Zip Code		Trans	acti	on ID :	2012020	111728-1	3
Washington	DC	20004	A	mount	t of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					9		208	.33
Name of Employer	Occupation	1							
America's Health Insurance Plans	EVP, Policy	and Regulatory Affairs							
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Primary General Other (specify) ▼		416.66							
Full Name (Last, First, Middle Initial) C. Daniel Durham				Date of	Re	ceipt			
Mailing Address 601 Pennsylvania A Suite 500, South Bu	lding			м м 01	1	31	/ Y	у у 2012	Y
City	State DC	Zip Code 20004						0111741-1	
Washington	DC	20004	A	mount	t of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					,	7	208	3.33
Name of Employer	Occupation	1							
America's Health Insurance Plans	EVP, Polic	y and Regulatory Affairs							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		116 66							
Other (specify)		416.66							
SUBTOTAL of Receipts This Page (op	tional)		•			7		520.	.83
TOTAL This Period (last page this line	number only)		•			,			

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 8 OF

		Detailed Summary Page		11a		11b	11c	12	
Any information copied from such Reports and	d Statements m	l ay not be sold or used by any n	erson fo	13 or the	purr	14 bose of s	15 soliciting	16 contribu	17 tions
or for commercial purposes, other than using t									
NAME OF COMMITTEE (In Full)									
angle Americas Health Insurance PI	lans PAC (A	AHIP PAC)							
Full Name (Last, First, Middle Initial) <b>Jeff Lemieux</b>			D	ate of	Re	ceipt			
Mailing Address 601 Pennsylvania Avenue I	N.W.			M – M	/	D D	/ Y	Y Y	Y
Suite 500, South Building	<b>C</b> : .	7.0.1	44	01		31		2012	
City Washington	State DC	Zip Code 20004						111741-2	
	50	20007	A	mount	of	⊨ach Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					y	7	125	
Name of Employer	Occupation	I							
America's Health Insurance Plans	Svp, Cente	r for Health Policy & Resear							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		250.00	1						
Full Name (Last, First, Middle Initial) <b>3. Beth Leonard</b>	1			ate of	Re	ceipt			
Mailing Address 601 Pennsylvania Avenue	N.W.		- F	M M	/	D D	/ Y	Y Y	Y
Suite 500, South Building			44	01		31		2012	
City	State DC	Zip Code						111741-2	
Washington	DC	20004	A	mount	of	Each Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					,	7	104	.17
Name of Employer	Occupation	1							
America's Health Insurance Plans	Senior Dire	ctor Public Affairs							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		208.34	]						
Full Name (Last, First, Middle Initial) C. Joseph Miller			D	ate of	Re	ceipt			
Mailing Address 601 Pennsylvania Avenue I Suite 500, South Building				<sup>M</sup> M	1	D D D 31	/ Y	ү ү 2012	Y
City	State DC	Zip Code						111741-3	
Washington	DC	20004	A	mount	of	Each Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					7	7	104	.17
Name of Employer	Occupation	1	_						
America's Health Insurance Plans	General Co	ounsel							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General			1						
Other (specify)		208.34							
SUBTOTAL of Receipts This Page (optional).						7		333	.34
TOTAL This Period (last page this line number	er only)						-		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	IS PAC (	AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City	/. State	Zip Code	
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		104.17
	Name of Employer	Occupatior	1	_
	America's Health Insurance Plans	Vice Presid	lent Product Policy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		208.34	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			01 31 2012
	City Washington	State DC	Zip Code 20004	Transaction ID : 2012020111741-35 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		130.47
	Name of Employer America's Health Insurance Plans	Occupation Vice Presid	ent Strategic Communication	_
	Receipt For:	Aggregate	Year-to-Date ▼ 260.94	
с.	Full Name (Last, First, Middle Initial) Mark Pratt			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			01 31 Y Y Y Y Y 2012
	City Washington	State DC	Zip Code 20004	Transaction ID : 2012020111741-37           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		166.67
	Name of Employer	Occupation	1	-
	America's Health Insurance Plans	SVP, State	Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		333.34	
s	UBTOTAL of Receipts This Page (optional)		•	401.31
Т	OTAL This Period (last page this line number of	only)	••••••	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		11b 14	11c 15		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of s	oliciting		ntributi	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plat										
 A.	Full Name (Last, First, Middle Initial) Charles Stellar				Date of	f Re	eceipt				
	Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building				м м 01			/ Y	20	)12	Y
	City Washington	State DC	Zip Code 20004				ion ID : 2 Each Re				
	FEC ID number of contributing federal political committee.	С					,	3	_	104.	17
	Name of Employer America's Health Insurance Plans	Occupation Executive \									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 208.34	]							
В.	Full Name (Last, First, Middle Initial) Michael Tuffin				Date of	f Re	eceipt				
	Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building				M M 01	/	13	/ Y	ү 20	ү 12	Y
	City Washington	State DC	Zip Code 20004				i <b>on ID : 2</b> Each Re				ļ
	FEC ID number of contributing federal political committee.	С					7	7	_	208.	33
	Name of Employer America's Health Insurance Plans	Occupation Executive V	ice President								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.66	]							
с.	Full Name (Last, First, Middle Initial) Michael Tuffin				Date of	f Re	eceipt				
	Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building	N.			м м 01	/	D D D 31	/ Y		) 12	Y
	City Washington	State DC	Zip Code 20004				ion ID : 2 Each Re				3
	FEC ID number of contributing federal political committee.	С					7		_	208.	33
	Name of Employer	Occupation	1	_							
	America's Health Insurance Plans	Executive	/ice President								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.66	]							
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number						7	- 7	-	520.8	33

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 11 OF

		Detailed Summary Page		11a 13	$\vdash$	11b	_	11c	12 16	17
Any information copied from such Reports or for commercial purposes, other than usi				or the		pose		soliciting	contribu	itions
NAME OF COMMITTEE (In Full) Americas Health Insurance	Plans PAC (	AHIP PAC)								
Full Name (Last, First, Middle Initial) A. Robert Zirkelbach				Date of	Re	eceipt				
Mailing Address 601 Pennsylvania Aven Suite 500, South Buildin	g			м м 01	1		D 31	/ Y	ү ү 2012	Y
City Washington	State DC	Zip Code 20004	A						111741-4 is Perioc	
FEC ID number of contributing federal political committee.	С					7		- 7		1.17
Name of Employer America's Health Insurance Plans	Occupatior Press Secr									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.34	]							
Full Name (Last, First, Middle Initial) B. Mailing Address				Date of	Re	· ·				- M-
City	State	Zip Code		M	ĺ	D	_	7	- Y - Y	
FEC ID number of contributing federal political committee.	C			Amount	of	Each	Re	eceipt th	is Perioc	
Name of Employer	Occupation	1								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	]							
Full Name (Last, First, Middle Initial)				Date of	Re	eceipt				
Mailing Address				M = M	/	D	D	/ Y	Y Y	Y
City	State	Zip Code	A	Amount	of	Each	Re	eceipt th	is Perioc	
FEC ID number of contributing federal political committee.	C					3				
Name of Employer	Occupatior	I								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	]							
SUBTOTAL of Receipts This Page (option	nal)					7			104	.17
TOTAL This Period (last page this line nu	mber only)					7			5297	.14

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		ch category of the ed Summary Page	11a         11b         X         11c         12           13         14         15         16         17											
			erson for the purpose of soliciting contributions to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Americas Health Insurance	Plans PAC (AHIP F	PAC)												
A. Full Name (Last, First, Middle Initial) Unum Group Political Action Co Mailing Address 1 Fountain Square	mmittee (UNUMPAC)		Date of Receipt											
City Chattanooga	State Zip 0 TN 3740		01         19         2012           Transaction ID : 4018935BF9D8105249B           Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C C00177436		5000.00											
Name of Employer	Occupation													
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 5000.00												
Full Name (Last, First, Middle Initial) B.	Jame (Last, First, Middle Initial)													
Mailing Address														
City	State Zip Code													
FEC ID number of contributing federal political committee.	C													
Name of Employer	Occupation													
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate V												
Full Name (Last, First, Middle Initial) C.														
Mailing Address	-													
City	City State Zip Code													
FEC ID number of contributing federal political committee.	С													
Name of Employer	Occupation													
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate V												
SUBTOTAL of Receipts This Page (optic	' nal)	••••••	5000.00											
TOTAL This Period (last page this line n	umber only)	•••••	5000.00											

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or for NA A Ful A. B Cit Na Cit Na Pu 20 Ca B0 Off	commercial purposes, other than using the nar ME OF COMMITTEE (In Full) mericas Health Insurance Plans I I Name (Last, First, Middle Initial) ob Corker for Senate 2012 illing Address 1910 21st Avenue South y shville rpose of Disbursement D12 General indidate Name ob Corker ice Sought: House Disburse	Detailed ments may ne and add PAC (AI	Summary Page not be sold or us tress of any politic HIP PAC) Zip Code			27 perso	28a n for the solicit co Date o	purpontrib	28b pose o putions	ement	3c iting c such c	29 contribu commit	tions tee.								
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