

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="30654.98"/>	<input type="text" value="30654.98"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="29858.61"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3151.12"/>	<input type="text" value="149993.91"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="33009.73"/>	<input type="text" value="180648.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3031.66"/>	<input type="text" value="150670.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="29978.07"/>	<input type="text" value="29978.07"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: / / To: / /

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).....	3028.51	92803.57
(ii) Unitemized	122.61	9690.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3151.12	102493.91
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	47500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3151.12	149993.91
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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
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 Transfers (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))..... ▶	3151.12	149993.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3151.12	149993.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	31.66	670.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	31.66	670.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	150000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00
(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	0.00
29. Other Disbursements	0.00	0.00
30. 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3031.66	150670.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3031.66	150670.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	3151.12	149993.91
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3151.12	149993.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	31.66	670.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	31.66	670.82

**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 6 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)

Full Name (Last, First, Middle Initial)
A. Jeremy Allen

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 Americas Health Insurance Plans Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2375.00**

Date of Receipt
 / /
10 / 15 / 2014

Transaction ID : 20141021143741-3

Amount of Each Receipt this Period
 125.00

Full Name (Last, First, Middle Initial)
B. Tom Amontree

Mailing Address 601 Pennsylvania Ave NW
Suite 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer America's Health Insurance Plans Occupation Executive Vice President, Business Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.33**

Date of Receipt
 / /
10 / 15 / 2014

Transaction ID : 117CE6A5977A4331A284

Amount of Each Receipt this Period
 208.33

Full Name (Last, First, Middle Initial)
C. Carmella Bocchino

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, Clinical Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3958.27**

Date of Receipt
 / /
10 / 15 / 2014

Transaction ID : 20141021143741-5

Amount of Each Receipt this Period
 208.33

SUBTOTAL of Receipts This Page (optional).....	541.66
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 7 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dianne Bricker
 Full Name (Last, First, Middle Initial)
 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 ▼ 791.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 20141021143741-6
 Amount of Each Receipt this Period
 41.67

B. Brendan Buck
 Full Name (Last, First, Middle Initial)
 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 Americas Health Insurance Plans Occupation VP, Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 20141021143741-7
 Amount of Each Receipt this Period
 83.33

C. Kathleen Callanan
 Full Name (Last, First, Middle Initial)
 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1583.27

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 20141021143741-8
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional).....▶	208.33
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 8 OF 20
	(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"/> 12
		<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. Winthrop Cashdollar
 Full Name (Last, First, Middle Initial)
 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 Director Product Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1187.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 20141021143741-9
 Amount of Each Receipt this Period
 62.50

B. Yvonne Chanatry
 Full Name (Last, First, Middle Initial)
 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 ▼ 1979.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 20141021143741-10
 Amount of Each Receipt this Period
 104.17

C. Rebecca Cole
 Full Name (Last, First, Middle Initial)
 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, Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 593.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 20141021143741-12
 Amount of Each Receipt this Period
 31.25

SUBTOTAL of Receipts This Page (optional).....▶	197.92
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 9 OF 20
<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. Gregory Dean
Full Name (Last, First, Middle Initial)

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 Director Insurance Education

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1187.50**

Date of Receipt **10 / 15 / 2014**
Transaction ID : **20141021143741-14**

Amount of Each Receipt this Period **62.50**

B. Mary Beth Donahue
Full Name (Last, First, Middle Initial)

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 VP, Policy & Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3958.27**

Date of Receipt **10 / 15 / 2014**
Transaction ID : **20141021143741-16**

Amount of Each Receipt this Period **208.33**

C. Daniel Durham
Full Name (Last, First, Middle Initial)

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 ▼ **3958.27**

Date of Receipt **10 / 15 / 2014**
Transaction ID : **20141021143741-17**

Amount of Each Receipt this Period **208.33**

SUBTOTAL of Receipts This Page (optional)..... **479.16**

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 10 OF 20
	<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"/> 17	

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **791.73**

Date of Receipt
10 / 15 / 2014
Transaction ID : 20141021143741-18

Amount of Each Receipt this Period
41.67

B. Candy Gallaher
Full Name (Last, First, Middle Initial)

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **791.73**

Date of Receipt
10 / 15 / 2014
Transaction ID : 20141021143741-20

Amount of Each Receipt this Period
41.67

C. Leanne Gassaway
Full Name (Last, First, Middle Initial)

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 ▼ **514.52**

Date of Receipt
10 / 15 / 2014
Transaction ID : 20141021143741-21

Amount of Each Receipt this Period
27.08

SUBTOTAL of Receipts This Page (optional)..... **110.42**

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 11 OF 20
	<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"/> 17	

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

A. Cynthia Goff
Full Name (Last, First, Middle Initial)

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 BlueCross and BlueShield of Minnesota Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1458.29**

Date of Receipt **10 / 15 / 2014**

Transaction ID : 20141021143741-22

Amount of Each Receipt this Period **83.33**

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

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 ▼ **593.75**

Date of Receipt **10 / 15 / 2014**

Transaction ID : 20141021143741-24

Amount of Each Receipt this Period **31.25**

C. Burt Hudson
Full Name (Last, First, Middle Initial)

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, Client Learning Servi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **791.73**

Date of Receipt **10 / 15 / 2014**

Transaction ID : 20141021143741-25

Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional)..... **156.25**

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 12 OF 20
	<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"/> 17	

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

Full Name (Last, First, Middle Initial) A. Crystal Kuntz		Date of Receipt 10 / 15 / 2014 Transaction ID : 20141021143741-30
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 83.33
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1583.27
Name of Employer America's Health Insurance Plans	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Barbara Lardy		Date of Receipt 10 / 15 / 2014 Transaction ID : 20141021143741-31
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 41.67
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 791.73
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Clinical Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Courtney Lawrence		Date of Receipt 10 / 15 / 2014 Transaction ID : 20141021143741-32
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 83.33
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1166.62
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	208.33
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 13 OF 20
	<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"/> 17	

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

A. Beth Leonard
Full Name (Last, First, Middle Initial)

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 ▼ **2708.27**

Date of Receipt
10 / 15 / 2014
Transaction ID : 20141021143741-33

Amount of Each Receipt this Period
208.33

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

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 ▼ **395.77**

Date of Receipt
10 / 15 / 2014
Transaction ID : 20141021143741-35

Amount of Each Receipt this Period
20.83

C. Amber Manko
Full Name (Last, First, Middle Initial)

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 Administrative Assistant, Federal Affa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.77**

Date of Receipt
10 / 15 / 2014
Transaction ID : 20141021143741-36

Amount of Each Receipt this Period
20.83

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: (check only one)	PAGE 14 OF 20
	<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"/> 17	

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

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

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 ▼ **380.00**

Date of Receipt
10 / 15 / 2014
Transaction ID : **20141021143741-37**

Amount of Each Receipt this Period
20.00

B. Thomas Meyers
Full Name (Last, First, Middle Initial)

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 Director Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
10 / 15 / 2014
Transaction ID : **20141021143741-40**

Amount of Each Receipt this Period
20.00

C. Julie Miller
Full Name (Last, First, Middle Initial)

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1187.50**

Date of Receipt
10 / 15 / 2014
Transaction ID : **20141021143741-42**

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional)..... **102.50**

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: (check only one)	PAGE 15 OF 20
	<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"/> 17	

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

A. Martin Mitchell Jr.
Full Name (Last, First, Middle Initial)

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 Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.77**

Date of Receipt
10 / 15 / 2014
Transaction ID : 20141021143741-44

Amount of Each Receipt this Period
20.83

B. Teresa Mulligan
Full Name (Last, First, Middle Initial)

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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **277.02**

Date of Receipt
10 / 15 / 2014
Transaction ID : 20141021143741-11

Amount of Each Receipt this Period
14.58

C. Sara Pescatello
Full Name (Last, First, Middle Initial)

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 Associate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.28**

Date of Receipt
10 / 15 / 2014
Transaction ID : 20141021143741-45

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional)..... **56.24**

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 16 OF 20
	<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"/> 17	

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

A. Susan Pisano
Full Name (Last, First, Middle Initial)

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 ▼
2553.41

Date of Receipt
10 / 15 / 2014
Transaction ID : 20141021143741-46

Amount of Each Receipt this Period
134.39

B. Lawrence Platt
Full Name (Last, First, Middle Initial)

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 ▼
1583.27

Date of Receipt
10 / 15 / 2014
Transaction ID : 20141021143741-47

Amount of Each Receipt this Period
83.33

C. Mark Pratt
Full Name (Last, First, Middle Initial)

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2375.00

Date of Receipt
10 / 15 / 2014
Transaction ID : 20141021143741-48

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 342.72

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 17 OF 20
	<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"/> 17	

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

A. Ingrid Reeves
Full Name (Last, First, Middle Initial)

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, Membership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.77**

Date of Receipt
10 / 15 / 2014
Transaction ID : 20141021143741-49

Amount of Each Receipt this Period
20.83

B. Lisa Shreve
Full Name (Last, First, Middle Initial)

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 ▼ **791.73**

Date of Receipt
10 / 15 / 2014
Transaction ID : 20141021143741-50

Amount of Each Receipt this Period
41.67

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

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 ▼ **3020.83**

Date of Receipt
10 / 15 / 2014
Transaction ID : 20141021143741-51

Amount of Each Receipt this Period
208.33

SUBTOTAL of Receipts This Page (optional)..... **270.83**

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: (check only one)	PAGE 18 OF 20
	<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"/> 17	

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

A. Kristin Stewart Smoot
Full Name (Last, First, Middle Initial)

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 AHIP Occupation Manager, Special Projects

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.77**

Date of Receipt
10 / 15 / 2014

Transaction ID : 20141021143741-52

Amount of Each Receipt this Period
20.83

B. Mark Van Koevering
Full Name (Last, First, Middle Initial)

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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1583.27**

Date of Receipt
10 / 15 / 2014

Transaction ID : 20141021143741-56

Amount of Each Receipt this Period
83.33

C.
Full Name (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-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	104.16
TOTAL This Period (last page this line number only).....▶	3028.51

**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 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

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

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address 1101 Pennsylvania Ave, NW
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement
Merchant Bankcard Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 81B2D9416C99828156B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Dan Maffei

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement
2014 General

011

Candidate Name
Daniel Benjamin Maffei

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2014

Transaction ID : 5569FD04314DEA8431F

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Prosperity Action Inc.

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2014 Contribution

011

Candidate Name
Prosperity Action Inc.

Category/
Type

Office Sought: House
 Senate
 President
State: District: Contribution

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : D60B9C925D591E6023C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

3000.00

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

3000.00