Image# 11952873230					PAGE 1 / 41
	EPORT OF R ND DISBURS Other Than An Autho	EMENT	S		Office Use Only
	PE OR PRINT V	Example: If typir	ng, type	12FE4M5	
COMMITTEE (in full)		over the lines.			
Americas Health Insurance	e Plans PAC (AHIP	PAC)			
ADDRESS (number and street)	01 Pennsylvania Avenue, NW				
Check if different	outh Building, Suite 500				
Alexan anna da cale c	Vashington			DC	20004
2. FEC IDENTIFICATION NUMB	CITY		S		ZIP CODE
C C00106740	3. IS T REF		IEW N) <b>OR</b>	AME (A)	NDED
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> </ul>	(b) Monthly Report Due On: Apr 20 (c) 12-Day	(M3)	May 20 (M5) Iun 20 (M6) Iul 20 (M7)	Aug 20 Sep 20 Oct 20 General (1)	(Non-Election Year Only)       0 (M9)       Dec 20 (M12) (Non-Election Year Only)       0 (M10)       Jan 31 (YE)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	PRE-Election Report for the:	Convention (	12C)	Special (12	S)
January 31 Year-End Report (YE)	Election of	on/		Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (300	à)	Runoff (301	R) Special (30S)
Termination Report (TER)	Election	on/	D D /	Y Y Y Y	in the State of
5. Covering Period	/ D D / Y Y Y Y 01 2011	through	M M 10	/ D D / 31	Y Y Y Y 2011
I certify that I have examined this R	eport and to the best of m	y knowledge and b	pelief it is true	e, correct and o	complete.
Type or Print Name of Treasurer	Charles W. Stellar				
Signature of Treasurer Charles W	Y. Stellar	[Electronically	Filed] Da	ate 11	/ D D / Y Y Y Y 17 2011
NOTE: Submission of false, erroneous	, or incomplete information n	nay subject the pers	son signing this	s Report to the	penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

FE6AN026

### 11/17/2011 15 : 46

Ima	ge# 11952873231		
	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
W	rite or Type Committee Name		
A	Americas Health Insurance Plans	PAC (AHIP PAC)	
_		M / D D / Y Y Y Y	
R	eport Covering the Period: From:	10 01 2011	To: 10 31 2011
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2011		100661.07
	(b) Cash on Hand at Beginning of Reporting Period	57099.93	
	(c) Total Receipts (from Line 19)	11810.47	181641.16
	<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>	68910.40	282302.23
7.	Total Disbursements (from Line 31)	16563.48	229955.31
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52346.92	52346.92
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

×

1	DETAILED SUMMARY PAGE of Receipts	Г
FEC Form 3X (Rev. 06/2004)		Page <b>3</b>
Write or Type Committee Name		
Americas Health Insurance Plans	PAC (AHIP PAC)	
Report Covering the Period: From:	10 01 2011 To:	10 / D D / Y Y Y Y 31 2011
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)	11610.21	115014.31
(ii) Unitemized	200.26	9126.85
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	11810.47	124141.16
(b) Political Party Committees	0.00	0.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>		
(such as PACs)	0.00	57500.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	44040.47	191641 16
Totals to Line 33, page 5)	11810.47	181641.16
12. Transfers From Affiliated/Other	0.00	0.00
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 Fund		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Total Transform (add 10(a) and 10(b))	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))►	11810.47	181641.16
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)	11810.47	181641.16

Image# 11952873232

## DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		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) (i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	63.48	1205.3
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	63.48	1205.3
Committees	0.00	2500.0
Federal Candidates/Committees and Other Political Committees	16500.00	224000.00
Independent Expenditures (use Schedule E)	0.00	0.0
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:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.0
(c) Other Political Committees (such as PACs)	0.00	0.0
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))►	0.00	0.00
Other Disbursements	0.00	2250.00
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	0.0
(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))	16562.40	000055.0
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	16563.48	229955.3
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	16563.48	229955.31

FE6AN026

I

### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	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>	11810.47	181641.16
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11810.47	181641.16
<ul> <li>add Line 21(a)(i) and Line 21(b))</li> </ul>	63.48	1205.31
<ul> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ul>	0.00	0.00
<ol> <li>Net Operating Expenditures (subtract Line 37 from Line 36)</li> </ol>	63.48	1205.31

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
	y information copied from such Reports and S for commercial purposes, other than using the											
$\Big\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (/	AHIP PAC)									
Α.	Full Name (Last, First, Middle Initial) Calvin Anderson			Date of Receipt								
	Mailing Address 4639 Perkins Manor Cv	-		M = M         /         D = D         /         Y = Y = Y = Y         Y           10         25         2011								
	City Memphis	State TN	Zip Code 38117-2400	Transaction ID : 2C36A9B2FA8CFC83D7C								
	FEC ID number of contributing federal political committee.	С		500.00								
	Name of Employer Bluecross Blueshield of Tennessee	Occupation VP Federal	& Community Relations	_								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
в.	Full Name (Last, First, Middle Initial) Hayat Assaf	Date of Receipt										
	Mailing Address 64 Maple St	10 13 2011										
	City West Roxbury	State MA	Zip Code 02132-1828	Transaction ID : 06B8EBAD1C92B7CA382 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		250.00								
	Name of Employer Tufts Health Plan	Occupation AVP Busine	ess Operations	_								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
с.	Full Name (Last, First, Middle Initial) Robert Price Atkinson			Date of Receipt								
	Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building			10 / Y Y Y Y Y 10 14 2011								
	City Washington	State DC	Zip Code 20004	Transaction ID : 20111017133727-1           Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		31.25								
	Name of Employer											
	America's Health Insurance Plans Receipt For:		ss Secretary	_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 406.25									
s	UBTOTAL of Receipts This Page (optional)		•	781.25								
т	OTAL This Period (last page this line number of	only)										

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 7 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17		
Any information copied from such Reports and or for commercial purposes, other than using th				or the		oose of	soliciting	g contribu	utions		
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (A	HIP PAC)									
Full Name (Last, First, Middle Initial) A. Robert Price Atkinson	1 1 47			Date of Receipt							
Mailing Address 601 Pennsylvania Avenue N <u>Suite 500, South Building</u> City	State	Zip Code	-1	10 Trans		31		2011 1125950			
Washington	DC	20004	A					nis Period			
FEC ID number of contributing federal political committee.	С					<b>y</b>		3 <sup>,</sup>	1.25		
Name of Employer America's Health Insurance Plans	Occupation Deputy Pres	s Secretary									
Receipt For: Primary General Other (specify)	Aggregate	/ear-to-Date ▼ 406.25									
Full Name (Last, First, Middle Initial) B. Gary Bacher				Date of	f Re	ceipt					
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building	.W.		M       M       /       P       P       Y								
City Washington	State DC										
FEC ID number of contributing federal political committee.	С					7	7	125	5.00		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice I	President									
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 2500.00									
Full Name (Last, First, Middle Initial) C. Gary Bacher				Date of	f Re	ceipt					
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building				м м 10	/	31	) / Y	2011	Y		
City Washington	State DC	Zip Code 20004	A					<b>1125950</b> nis Perioc			
FEC ID number of contributing federal political committee.	С					7	7	12	5.00		
Name of Employer	Occupation										
America's Health Insurance Plans											
Receipt For:	Aggregate `	lear-to-Date ▼									
Other (specify) ▼		2500.00									
SUBTOTAL of Receipts This Page (optional)						T		281	.25		
TOTAL This Period (last page this line numbe	r only)					,	. ,				

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 8 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
	y information copied from such Reports and St for commercial purposes, other than using the						
$\Big\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (	AHIP PAC)				
Α.	Full Name (Last, First, Middle Initial) Patricia Blake			Date of Receipt			
	Mailing Address 175 Maskwonicut St			10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City Sharon	State MA	Zip Code 02067-1236	Transaction ID : F4CE052A200DB213CB1           Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		500.00			
	Name of Employer Tufts Health Plan	Occupatior Vice Presic					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
В.	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt			
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	10 14 Y Y Y Y Y Y					
	City Washington	State DC	Zip Code 20004	Transaction ID : 20111017133727-3 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		208.33			
	Name of Employer America's Health Insurance Plans	Occupation	n Vice President, Clinical Aff				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4166.60				
C.	Full Name (Last, First, Middle Initial)			Date of Receipt			
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			10 31 / Y Y Y Y Y			
	City Washington	State DC	Zip Code 20004	Transaction ID : 20111111125950-3           Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		208.33			
	Name of Employer	Occupatior	n				
	America's Health Insurance Plans	Executive	Vice President, Clinical Aff				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)		4166.60				
s	UBTOTAL of Receipts This Page (optional)			916.66			
т	OTAL This Period (last page this line number of	only)					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (	AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City	V. State	Zip Code	10 / 14 2011 Transaction ID : 20111017133727-4
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer America's Health Insurance Plans	Occupation Regional D		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		833.40	
в.	Full Name (Last, First, Middle Initial) Dianne Bricker			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	Ι.		10 31 2011
	City Washington	State DC	Zip Code 20004	Transaction ID : 20111111125950-4 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer America's Health Insurance Plans	Occupation Regional D		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.40	
<u></u> с.	Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building	V.		10 / Y Y Y Y Y 10 14 2011
	City Washington	State DC	Zip Code 20004	Transaction ID : 20111017133727-7 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		104.17
	Name of Employer	Occupation	1	_
	America's Health Insurance Plans	Vice Presic	lent, Marketing and Graphics	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		2083.40	
s	UBTOTAL of Receipts This Page (optional)			187.51
т	OTAL This Period (last page this line number of	only)	••••••	

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Si for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (A	AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City	/. State	Zip Code	10 31 2011 Transaction ID : 20111111125950-7
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		104.17
	Name of Employer	Occupation	1	_
	America's Health Insurance Plans	Vice Presid	lent, Marketing and Graphics	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		2083.40	
в.	Full Name (Last, First, Middle Initial) Rebecca Cole	Date of Receipt		
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			10 / Y Y Y Y Y 10 14 2011
	City Washington	State DC	Zip Code 20004	Transaction ID : 20111017133727-9           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		31.25
	Name of Employer America's Health Insurance Plans	Occupation Public Affai		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 552.06	
<u>с</u> .	Full Name (Last, First, Middle Initial) Rebecca Cole			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building			10 / Y Y Y Y 10 31 2011
	City Washington	State DC	Zip Code 20004	Transaction ID : 20111111125950-9           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		31.25
	Name of Employer	Occupation	1	_
	America's Health Insurance Plans	Public Affai	irs Manager	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		552.06	
	UBTOTAL of Receipts This Page (optional)			166.67
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	12	17				
Any information copied from such Repo or for commercial purposes, other than				or the		pose of	soliciting	g contribu	tions				
NAME OF COMMITTEE (In Full) Americas Health Insuran	-												
Full Name (Last, First, Middle Initial) A. Kirstin Dawson			Date of Receipt										
Mailing Address 602 Pennsylvania A Suite 500, South Bu				м м 10	<b>)</b> ′	31	D / Y	2011	Y				
City Washington	State DC	Zip Code 20004				-	<b>2011111</b> Receipt th	1125950					
FEC ID number of contributing federal political committee.	C			_		7		10	.42				
Name of Employer America's Health Insurance Plans	Occupation Senior Rese	arch Associate, Clinical Po											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.40	]										
Full Name (Last, First, Middle Initial) B. Gregory Dean	Gregory Dean												
Mailing Address 601 Pennsylvania A Suite 500, South Bu	ilding			Date of Receipt 10 14 2011 Transaction ID : 20111017133727-12 Amount of Each Receipt this Period									
City Washington	State DC	Zip Code 20004											
FEC ID number of contributing federal political committee.	C				_	7		62	.50				
Name of Employer America's Health Insurance Plans	Occupation Executive Di	rector Insurance Education											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	]										
Full Name (Last, First, Middle Initial) C. Gregory Dean	I		D	Date of	f Re	ceipt							
Mailing Address 601 Pennsylvania A Suite 500, South Bu	ilding		_ L	м м 10		31	_ L	2011					
City Washington	State DC	Zip Code 20004					2011111 Receipt th						
FEC ID number of contributing federal political committee.	C			62.50									
Name of Employer	Occupation		-										
America's Health Insurance Plans													
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		1250.00	]										
SUBTOTAL of Receipts This Page (op	tional)			1		7		135	.42				
TOTAL This Period (last page this line	number only)		Ī	_		,	,						

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

(check only one)

PAGE 12 OF

			Detailed Summary Page		-		11b	11c	12	
Any information panied for	om auch Panarta and Otatar		u not be cold or wood by any -		13 or tho		14	15	16	17
			y not be sold or used by any p ddress of any political committee							
	h Insurance Plans P	PAC (A	HIP PAC)							
Full Name (Last, First, Cynthia Depew	Middle Initial)				Date of	Re	ceipt			
Suite	ennsylvania Avenue N.W. 500, South Building				м м 10	/	D D D 14	/ Y	2011	Y
City		State	Zip Code		Trans	acti	on ID :	2011101	7133727-	13
Washington		C	20005	A	Amount	t of	Each R	eceipt th	is Period	
FEC ID number of cor federal political commit	e e e e e e e e e e e e e e e e e e e						7	7	20	.83
Name of Employer	Occ	cupation								
America's Health Insura	ance Plans Mai	nager of	Media Relations							
Receipt For:		gregate `	Year-to-Date ▼							
Other (specify)	General		416.60	]						
Full Name (Last, First, <b>B.</b> Cynthia Depew	Middle Initial)				Date of	Re	ceipt			
Suite	ennsylvania Avenue N.W. 500, South Building				м м 10	1	31	/ Y	2011	Y
City		State	Zip Code						1125950-	13
Washington	L	C	20005	A	Amount	t of	Each R	eceipt th	is Period	
FEC ID number of cor federal political commit	e e e e e e e e e e e e e e e e e e e					_	7	7	20	.83
Name of Employer		cupation								
America's Health Insura	ince Plans Mar	nager of l	Media Relations							
Receipt For:		gregate `	Year-to-Date ▼							
Other (specify)	General		, 416.60	]						
Full Name (Last, First, <b>C.</b> Katie Dunning	Middle Initial)				Date of	Re	ceipt			
Suite	ennsylvania Avenue N.W. 500, South Building				м м 10	1	D D 14	/ Y	2011	Y
City		State DC	Zip Code		Trans	acti	ion ID :	2011101	7133727-	15
Washington			20004	A	Amount	t of	Each R	eceipt th	is Period	
FEC ID number of cor federal political commit	U U						7	7	41	.67
Name of Employer	Occ	cupation								
America's Health Insura	ance Plans Reg	gional Dii	ector							
Receipt For:		gregate `	Year-to-Date 🔻							
Primary	General		833.40	11						
Other (specify)	′   L		7 7 7							
SUBTOTAL of Receipts	This Page (optional)						7	- 7	83.	33
TOTAL This Period (last	page this line number only).			•			,			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b	11c	12	17
Any information copied from such Reports an or for commercial purposes, other than using				or the		oose of	soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) Americas Health Insurance P	Plans PAC (A	AHIP PAC)							
Full Name (Last, First, Middle Initial) A. Katie Dunning			D	ate of	f Re	ceipt			
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	N.W.		T	M M 10		31	/ Y	2011	Y
City	State	Zip Code			acti		2011111	1125950	-15
Washington	DC	20004	A	moun	t of	Each R	eceipt th	nis Perioc	1
FEC ID number of contributing federal political committee.	С					9	7	4	1.67
Name of Employer	Occupation		$\neg$						
America's Health Insurance Plans	Regional D	rector							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		833.40	1						
Full Name (Last, First, Middle Initial) B. Daniel Durham				ate of	f Re	ceipt			
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	N.W.			м м 10	/	D D 14	/ Y	2011	Y
City	State	Zip Code		Trans	acti	on ID : 2	2011101	7133727	-16
Washington	DC	20004	A	moun	t of	Each R	eceipt th	nis Perioc	l
FEC ID number of contributing federal political committee.	С					7	7	208	3.33
Name of Employer America's Health Insurance Plans	Occupation EVP, Policy	and Regulatory Affairs							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2708.29	]						
Full Name (Last, First, Middle Initial) C. Daniel Durham				ate of	f Re	ceipt			
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	N.W.			M M 10	/	31	/ Y	2011	Y
City Washington	State DC	Zip Code 20004						<b>1125950</b> his Perioc	
FEC ID number of contributing federal political committee.	С					9			8.33
Name of Employer	Occupation		_						
America's Health Insurance Plans	EVP, Policy	and Regulatory Affairs							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary     General       Other (specify) ▼		2708.29							
SUBTOTAL of Receipts This Page (optional)	, 			-	-	7		458	.33

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 Sta for commercial purposes, other than using the			
$\Big\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (	AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Paul Eiting			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City	State	Zip Code	10 14 2011 Transaction ID : 20111017133727-17
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		31.25
	Name of Employer America's Health Insurance Plans	Occupation		-
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼		625.00	
— В.	Full Name (Last, First, Middle Initial) Paul Eiting			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			10 31 2011
	City Washington	State DC	Zip Code 20004	Transaction ID : 20111111125950-17 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		31.25
	Name of Employer America's Health Insurance Plans	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00	
с.	Full Name (Last, First, Middle Initial) Candy Gallaher			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			10 / Y Y Y Y 2011
	City Washington	State DC	Zip Code 20004	Transaction ID : 20111017133727-18           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer	Occupatior	1	
	America's Health Insurance Plans Receipt For:		dent, State Policy	_
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		541.71	
s	UBTOTAL of Receipts This Page (optional)		•	. 104.17
т	OTAL This Period (last page this line number o	nly)	••••••	

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		Detailed Summary Page		11a		11b	11c	12	<u> </u>
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or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full)									
Americas Health Insurance F	Plans PAC (	AHIP PAC)							
Full Name (Last, First, Middle Initial) Candy Gallaher				Date o	f Re	eceipt			
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	e N.W.			м м 10	/	31		ү ү 2011	Y
City	State	Zip Code		Trans	sacti	ion ID	: 2011111	1125950-	-18
Washington	DC	20004	A	moun	t of	Each I	Receipt th	nis Period	
FEC ID number of contributing federal political committee.	C					7	7	41	.67
Name of Employer	Occupation	1							
America's Health Insurance Plans	Vice Presid	lent, State Policy							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		541.71	]						
Full Name (Last, First, Middle Initial) 3. Leanne Gassaway				Date o	f Re	eceipt			
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	l			м м 10	D / Y	2011	Y		
City	State	Zip Code						7133727-	
Washington	DC	20004	A	moun	t of	Each I	Receipt th	nis Period	
FEC ID number of contributing federal political committee.	C					,		27	.08
Name of Employer	Occupation	1							
America's Health Insurance Plans	Regional D	irector							
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Primary General Other (specify) ▼		, 541.60							
Full Name (Last, First, Middle Initial)				Date o	f Re	eceipt			
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building				м м 10	/	31		у у 2011	Y
City	State	Zip Code		Trans	sact	ion ID	: 2011111	11125950	-19
Washington	DC	20004	Α	moun	t of	Each I	Receipt th	nis Period	
FEC ID number of contributing federal political committee.	C					7		27	.08
Name of Employer	Occupation	1	_						
America's Health Insurance Plans	Regional D	irector							
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Primary General		541.60							
Other (specify)		541.00	- 1-						
SUBTOTAL of Receipts This Page (optiona	l)					7		95	.83
TOTAL This Period (last page this line num	ber only)		•			,			

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PAGE 16 OF

Mailing Address 526 Whitehall Rd       Image: Constraint of the second sec	ons from such committee.
Americas Health Insurance Plans PAC (AHIP PAC)         Full Name (Last, First, Middle Initial)         John Giblin         Mailing Address 526 Whitehall Rd         City       State         Chattanooga       TN         FEC ID number of contributing federal political committee.         Name of Employer       Occupation	25 2011 1D: 9704917722BAA98C3D7 ach Receipt this Period
A. John Giblin       Date of Received and the provided and the provi	25 2011 1D: 9704917722BAA98C3D7 ach Receipt this Period
City     State     Zip Code       Chattanooga     TN     37405-3748       FEC ID number of contributing federal political committee.     C       Name of Employer     Occupation	25 2011 ID: 9704917722BAA98C3D7 Inch Receipt this Period
FEC ID number of contributing federal political committee.     C       Name of Employer     Occupation	
Blue Cross Blue Shield of Tennessee     EVP & CFO       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     500.00	
Full Name (Last, First, Middle Initial)     Date of Received       Mailing Address 1 Cameron Hill Cir     Model Initial	ipt D D / Y Y Y Y
	25 2011 ID: 16A46718BE355DAD834 Ich Receipt this Period 500.00
Name of Employer     Occupation       BlueCross BlueShield of Tennessee     COO	,
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       500.00	
Full Name (Last, First, Middle Initial) Lydia Greene Date of Recei	ipt
10	03 / 2011 DID: CCFBB6DC191B8D62430
Amherst     NH     03031-3211     Amount of Ea       FEC ID number of contributing federal political committee.     C	tch Receipt this Period
Name of Employer     Occupation       Tufts Health Plan     VP, Human Resources and Diversity       Receipt For:     Aggregate Year to Date T	
Primary     General       Other (specify) ▼	
SUBTOTAL of Receipts This Page (optional)	1500.00

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		Detailed Summary Page		11a		11b	11c	12	
Any information conied from such De-	orte and Statemente m	l		13 or tho		14	15	16	17
Any information copied from such Rep or for commercial purposes, other that	n using the name and a	address of any political committee	e to sol	icit co	ntrib	puse of outions	from such	n commit	tee.
NAME OF COMMITTEE (In Full)									
Americas Health Insura	nce Plans PAC (	AHIP PAC)							
Full Name (Last, First, Middle Initia George Halvorson	l)			Date of	f Re	eceipt			
Mailing Address 1 Kaiser Plz Fl 27				м м 10	1	D 11	) / Y	ү ү 2011	Y
City	State	Zip Code		Trans	act	ion ID :	FA52604	4991768F	06D3A
Oakland	CA	94612-3610	A	moun	t of	Each F	Receipt th	nis Period	
FEC ID number of contributing federal political committee.	C					, .		2000	0.00
Name of Employer	Occupation	1							
Kaiser Permanente	Chairman a	and CEO							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00							
Full Name (Last, First, Middle Initia		7 7 7	-						
<b>3.</b> Joni Hong	1)			Date of	f Re	eceipt			
Mailing Address 601 Pennsylvania . Suite 500, South E				2011	Y				
City	State	Zip Code		Trans	acti	ion ID :	2011101	7133727-	22
Washington	DC	20004	A	moun	t of	Each F	Receipt th	nis Period	
FEC ID number of contributing federal political committee.	C		- [			y		31	.25
Name of Employer	Occupation	1							
America's Health Insurance Plans	Senior Asso	ociate Counsel, Special Proj							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary     General       Other (specify) ▼		, 625.00	1						
Full Name (Last, First, Middle Initia	l)			Date of	f Re	eceipt			
Mailing Address 601 Pennsylvania Suite 500, South E				м м 10		31	) / Y	у у 2011	Y
City	State DC	Zip Code 20004						1125950	
Washington	DC	20004	A	moun	t of	Each F	Receipt th	nis Period	
FEC ID number of contributing federal political committee.	C				_	7		31	.25
Name of Employer	Occupation	1							
America's Health Insurance Plans	Senior Ass	ociate Counsel, Special Proj							
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Other (appeits)		625.00	1						
Other (specify)		7 7 7	-						
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		Detailed Summary Page		11a		11b		1c	12	<u> </u>
Any information copied from such Reports	and Statements ma	I ay not be sold or used by any i	person fo	13 or the	pur	14 pose		5 citing	16 contribu	17 tions
or for commercial purposes, other than usir										
NAME OF COMMITTEE (In Full)										
Americas Health Insurance	Plans PAC (	AHIP PAC)								
Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt				
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building				м м 10	/	D 1	D /	Y	у у 2011	Y
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Washington	DC	20004	A	mount	t of	Each	Recei	ipt thi	s Period	
FEC ID number of contributing federal political committee.	С					,		,	41	.67
Name of Employer	Occupation	1								
America's Health Insurance Plans	Deputy Dire	ector, Client Learning Servi								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		541.71								
Full Name (Last, First, Middle Initial) B. Burt Hudson	I			Date of	f Re	eceipt				
Mailing Address 601 Pennsylvania Avenu Suite 500, South Buildin				м м 10	/		D / 31	Y	y y 2011	Y
City	State	Zip Code		Trans	acti	ion ID	): 201 <sup>-</sup>	11111	125950-	23
Washington	DC	20004	A	s Period						
FEC ID number of contributing federal political committee.	С					<b>y</b>		7	41	.67
Name of Employer	Occupation	1								
America's Health Insurance Plans	Deputy Dire	ector, Client Learning Servi								
Receipt For: Primary General	Aggregate	Year-to-Date V								
Other (specify)		541.71								
Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt				
Mailing Address 474 Revere Beach Blvd Apt 1105				м м 10	/		D / 13	Y	у у 2011	Y
City	State	Zip Code		Trans	sact	ion IC	D : 095	EA77	6527C3I	DBDD6
Revere	MA	02151-4726	A	moun	t of	Each	Recei	ipt thi	s Period	
FEC ID number of contributing federal political committee.	С					7		7	250	.00
Name of Employer	Occupation	1								
Tufts Health Plan	VP Techno	logy Operations								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	33 - 344									
Other (specify)		250.00								
SUBTOTAL of Receipts This Page (option	al)		•			7		7	333.	34
TOTAL This Period (last page this line nur	mber only)		• [			,		,		

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			Detailed Summary Page	X	11a 13		11b		11c 15		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose c		oliciting	g con	tributi	ons
$\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plar	ns PAC (/	AHIP PAC)									
A.	Full Name (Last, First, Middle Initial) Alethia Jackson				Date of	f Re	eceipt					
	Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500				м м 10		D 14	4	/ Y	20		Y
	City Washington	State DC	Zip Code 20004-2601	A					BOCAC			31BA4E
	FEC ID number of contributing federal political committee.	С					7		7	_	83.	33
	Name of Employer America's Health Insurance Plans	Occupation Vice Presid	ent, Federal Affairs									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1583.27	]								
В.	Full Name (Last, First, Middle Initial) Delisa James				Date of	f Re	eceipt					
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				м м 10	/	D 14		/ Y	20 <sup>4</sup>	ү 11	Y
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	FEC ID number of contributing federal political committee.	С					7		7	_	20.	00
	Name of Employer America's Health Insurance Plans	Occupation Deputy Dire	ctor, Professional Programs									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	]								
с.	Full Name (Last, First, Middle Initial) Delisa James				Date of	f Re	eceipt					
	Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building	V.			м м 10	/	D 3'		/ Y	20 <sup>°</sup>	ү 11	Y
	City Washington	State DC	Zip Code 20004	A					<b>011111</b> ceipt th			24
	FEC ID number of contributing federal political committee.	С					7		,	_	20.	00
	Name of Employer	Occupation										
	America's Health Insurance Plans	Deputy Dire	ector, Professional Programs									
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	Primary General Other (specify) ▼		260.00									
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#### Image# 11952873249

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y 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) Paul Kasuba			Date of Receipt
	Mailing Address 13 Loew Cir			10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Milton	State MA	Zip Code 02186-1043	Transaction ID : 9FB70CAB7665812E995           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Tufts Health Plan	Occupation Chief Medie		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
в.	Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	l.		10 14 2011
	City Washington	State DC	Zip Code 20004	Transaction ID : 20111017133727-26 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer America's Health Insurance Plans	Occupation Senior Vice	n ∋ President, Clinical Affair	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.40	
с.	Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			10 / Y Y Y Y 10 31 2011
	City Washington	State DC	Zip Code 20004	Transaction ID : 20111111125950-25           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer	Occupation	1	_
	America's Health Insurance Plans	Senior Vice	e President, Clinical Affair	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.40	
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			583.34

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		Detailed Summary Page	×	11a	$\vdash$	11b	$\vdash$	11c	12	<u> </u>
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or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)	<b>.</b>									
Americas Health Insurance Plar	ns PAC (/	AHIP PAC)								
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Name of Employer	Occupation									
America's Health Insurance Plans	Svp, Center	r for Health Policy & Resear								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary     General       Other (specify) ▼		2500.00	]							
Full Name (Last, First, Middle Initial) 3. Jeff Lemieux				Date of	f Re	eceipt				
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America's Health Insurance Plans	Svp, Center	for Health Policy & Resear								
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Name of Employer	Occupation	ctor Public Affairs								
America's Health Insurance Plans Receipt For:										
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		2083.40								
SUBTOTAL of Receipts This Page (optional)									354	.17
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b 14		11c 15		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (/	AHIP PAC)									
Α.	Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania Avenue N.W				Date o		ceipt	D	/ Y	Y	Ý	Y
	Suite 500, South Building	State	Zip Code	_	10 Trans	acti	3 <sup>-</sup>		n1111		)11 5 <b>950</b> .	.97
	Washington	DC	20004		Amoun							
	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: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		2083.40									
в.	Full Name (Last, First, Middle Initial)				Date o	f Re	ceipt					
	Mailing Address 705 Mount Auburn St				10	/	2	D 5	/ Y	20	ү 11	Y
	City	State	Zip Code		Trans	acti	on ID	: D	AEF42	21915	507FI	0340FA
	Watertown	MA	02472-1508	_	Amoun	t of	Each	Red	ceipt tl	his P	eriod	
	FEC ID number of contributing federal political committee.	С					,	_	7		250	.00
	Name of Employer Tufts Health Plan	Occupation VP, Govern	ment Affairs, Public Policy									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]								
<u>с</u> .	Full Name (Last, First, Middle Initial) Holly Macmoran				Date o	f Re	ceipt					
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				м м 10	/	D 1-	D 4	/ Y	ү 20	ү 11	Y
	City Washington	State DC	Zip Code 20004		Trans Amoun				01110 ceipt tl			
	FEC ID number of contributing federal political committee.	С					7		7			0.83
	Name of Employer	Occupation	1									
	America's Health Insurance Plans	Program Ma	anager									
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	Primary General Other (specify) ▼		416.60									
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		Detailed Summary Page		-		11b	11c	12	
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NAME OF COMMITTEE (In Full)									
Americas Health Insuranc	e Plans PAC (	AHIP PAC)							
Full Name (Last, First, Middle Initial) A. Holly Macmoran				Date of	f Re	ceipt			
Mailing Address 601 Pennsylvania Av Suite 500, South Build				м м 10	/	31	/ Y	ү ү 2011	Y
City	State	Zip Code		Trans	acti	on ID :	2011111	1125950-	28
Washington	DC	20004	A	Mount	t of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	C					7	7	20	.83
Name of Employer	Occupatior	1							
America's Health Insurance Plans	Program M	anager							
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Primary General Other (specify) ▼		416.60	]						
Full Name (Last, First, Middle Initial) <b>3.</b> Debi Manning	I			Date of	f Re	ceipt			
Mailing Address 601 Pennsylvania Ave Suite 500, South Buil				м м 10	1	D D D 14	/ Y	ү ү 2011	Y
City	State	Zip Code		Trans	acti	on ID :	2011101	7133727-	31
Washington	DC	20004	Α	mount	t of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	C					7		20	.00
Name of Employer	Occupation	1							
America's Health Insurance Plans	Director of	Human Resources							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		400.00	]						
Full Name (Last, First, Middle Initial) C. Debi Manning				Date of	f Re	ceipt			
Mailing Address 601 Pennsylvania Av Suite 500, South Buil	ding			м м 10	/	D D 31	/ Y	у у 2011	Y
City	State DC	Zip Code 20004						1125950	
Washington		20004	A	Amount	t of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	C					7	7	20	0.00
Name of Employer	Occupation	1							
America's Health Insurance Plans	Director of	Human Resources							
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Primary General Other (specify) ▼		400.00							
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		Detailed Summary Page		11a 13		11b 14	11c	12	<b>□</b> 4 -
Any information copied from such Repo				or the		pose of	soliciting	g contribu	
or for commercial purposes, other than	using the name and a	ddress of any political committe	e to soli	ICIT COI	ntrib	outions fr	om suc	n commit	tee.
Americas Health Insuran	ce Plans PAC (A	AHIP PAC)							
Full Name (Last, First, Middle Initial) A. Anthony Meoni			D	Date of	f Re	eceipt			
Mailing Address 601 Pennsylvania A Suite 500, South Bu				м м 10	/	D D 31	/ Y	2011	Y
City	State	Zip Code		Trans	sacti	ion ID : 2	2011111	1125950	-32
Washington	DC	20004	A	mount	t of	Each Re	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					7	7	10	).50
Name of Employer	Occupation	1							
America's Health Insurance Plans	Vice Presid	ent, IT							
Receipt For:	Aggregate	Year-to-Date 🔻							
Primary General Other (specify) ▼		210.00							
Full Name (Last, First, Middle Initial) 3. Thomas Meyers	1			Date of	f Re	eceipt			
Mailing Address 601 Pennsylvania A Suite 500, South Bu				™M 10	/	D D 14	/ Y	у у 2011	Y
City	State	Zip Code						7133727-	
Washington	DC	20004	A	mount	t of	Each Re	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					,	7	20	.00
Name of Employer	Occupation	1							
America's Health Insurance Plans	Executive D	Director Product Policy							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		400.00							
Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt			
Mailing Address 601 Pennsylvania A Suite 500, South Bu	ilding			м м 10	/	D D 31	/ Y	2011	Y
City Washington	State DC	Zip Code 20004						1125950	
FEC ID number of contributing federal political committee.	C		A	mount	t of	Each Re	eceipt tr	nis Period 20	0.00
Name of Employer	Occupation		-						
America's Health Insurance Plans		Director Product Policy							
Receipt For:		Year-to-Date ▼							
Primary General	Aggregate								
Other (specify)		400.00							
SUBTOTAL of Receipts This Page (or	btional)		•			7	7	50	.50
TOTAL This Period (last page this line	e number only)		<b>•</b> [			,	7		

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			Detailed Summary Page	×	11a 13		11b 14	11c 15		12 16	17			
	y information copied from such Reports and for commercial purposes, other than using the				or the		pose of s	oliciting	con	tributi	ons			
<u> </u>	NAME OF COMMITTEE (In Full)													
$\sum$	Americas Health Insurance Pla	ans PAC (/				_								
A.	Full Name (Last, First, Middle Initial) Joseph Miller			C	Date of	Re	ceipt		-					
	Mailing Address 601 Pennsylvania Avenue N	I.W.			M M	/	DD	/ Y		Y	Y			
	Suite 500, South Building	State	Zip Code	_	10		14		20 74 2 2					
	Washington	DC	20004				ion ID : 2 Each Re				o			
	FEC ID number of contributing federal political committee.	С						7		104. <i>′</i>	17			
	Name of Employer	Occupation	1	_										
	America's Health Insurance Plans	General Co	unsel											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		2083.40	]										
	Full Name (Last, First, Middle Initial) Joseph Miller				Date of	Re	ceipt							
	Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building	.W.			10 / D D / Y Y Y Y Y 10 31 2011									
	City	State	Zip Code				ion ID : 20		1125	950-3	5			
	Washington	DC	20004	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				_	7	3		104.1	17			
	Name of Employer America's Health Insurance Plans	Occupation General Co												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		2083.40	]										
C.	Full Name (Last, First, Middle Initial) Julie Miller	l			Date of	Re	ceipt							
	Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building				м м 10	/	D D 14	/ Y	y 201	ү 11	Y			
	City Washington	State DC	Zip Code 20004	-			tion ID : 2				87			
	FEC ID number of contributing federal political committee.	C			Amount	101	Each Re	ceipt th	is Pe	eriod 41.0	67			
	Name of Employer	Occupation		_										
	America's Health Insurance Plans		ociate Counsel											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General			1										
	Other (specify)		833.40											
s	UBTOTAL of Receipts This Page (optional)			<u> </u>	_	-	5	7		250.0	)1			
Т	OTAL This Period (last page this line numbe	r only)		• [			,	,						

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		Detailed Summary Page		11a 12	$\mid$	11b 14	11c	12	
Any information copied from such Reports and S						oose of			
or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)									
angle Americas Health Insurance Plar	IS PAC (A								
Full Name (Last, First, Middle Initial)			D	ate of	Re	ceipt			
Mailing Address 601 Pennsylvania Avenue N.V	V.			M M	/	DD	/ Y	Y Y	Y
Suite 500, South Building	Chata	Zin Onda	- 1	10	١.,	31		2011	
City Washington	State DC	Zip Code 20004						1125950- nis Period	
FEC ID number of contributing federal political committee.	С					7			.67
Name of Employer	Occupation								
America's Health Insurance Plans	Senior Asso	ociate Counsel							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		833.40	1						
Full Name (Last, First, Middle Initial) <b>J. Lisa Miller</b>			D	ate of	Re	ceipt			
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building	V.			м м 10	/	D D D 31	/ Y	2011	Y
City	State	Zip Code		Trans	acti	on ID : :	2011111	1125950-	37
Washington	DC	20004	A	mount	t of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С					,		10	.42
Name of Employer	Occupation		_						
America's Health Insurance Plans	Deputy Dire	ctor, Meeting Services							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		208.40	11						
		ý ý í í í í í í í í í í í í í í í í í í	_						
Full Name (Last, First, Middle Initial)			D	ate of	Re	ceipt			
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building	V.			<sup>M</sup> M 10	/	D D D	/ Y	2011	Y
City Washington	State DC	Zip Code 20004						7133727	
<b>_</b>	20	20004	A	mount	t of	Each R	eceipt th	nis Period	_
FEC ID number of contributing federal political committee.	С					9	7	20	.83
Name of Employer	Occupation								
America's Health Insurance Plans	Director Pro	oduct Policy							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		416.60	1						
Other (specify) V		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4						
SUBTOTAL of Receipts This Page (optional)						3	7	72	.92
TOTAL This Period (last page this line number	only)								

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (	AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Martin Mitchell Jr.			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City	State	Zip Code	10 31 2011 Transaction ID : 20111111125950-38
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.83
	Name of Employer	Occupatior	1	-
	America's Health Insurance Plans	Director Pro	oduct Policy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		416.60	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			10 14 2011
	City Washington	State DC	Zip Code 20004	Transaction ID : 20111017133727-8 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		14.58
	Name of Employer America's Health Insurance Plans	Occupation Executive [	n Director, Policy Research	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.60	
с.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			M = M / D = D / Y = Y = Y 10 31 2011
	City Washington	State DC	Zip Code 20004	Transaction ID : 20111111125950-8           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		14.58
	Name of Employer	Occupatior	1	-
	America's Health Insurance Plans	Executive I	Director, Policy Research	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		291.60	
	UBTOTAL of Receipts This Page (optional)			49.99
דן	<b>OTAL</b> 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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PAGE 28 OF

		Detailed Summary Page		11a 12	_	11b 14	11c	12	<b>□</b>
Any information copied from such Reports an						pose of			
or for commercial purposes, other than using	the name and a	ddress of any political committe	e to soli	cit cor	ntrib	utions fr	om such	n committ	ee.
NAME OF COMMITTEE (In Full)									
Americas Health Insurance P	lians PAC (/	AHIP PAC)							
Full Name (Last, First, Middle Initial)			D	ate of	f Re	ceipt			
Mailing Address 601 Pennsylvania Avenue	N.W.			M M	/	DD	/ Y	Y Y	Y
Suite 500, South Building City	State	Zip Code	- L	10 <b>T</b> rono	a a ti	14	2011101	2011 7133727-	40
Washington	DC	20004						is Period	40
FEC ID number of contributing federal political committee.	С					,	7	104	.17
Name of Employer	Occupation								
America's Health Insurance Plans	Vice Presid	ent Product Policy							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		2083.40							
Full Name (Last, First, Middle Initial) B. Betsy Pelovitz			D	ate of	f Re	ceipt			
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	N.W.			м м 10	/	31	/ Y	үүү 2011	Y
City	State	Zip Code		Trans	acti	on ID : 2	2011111	1125950-	39
Washington	DC	20004	A	mount	t of	Each Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С					,	. ,	104	.17
Name of Employer	Occupation		_						
America's Health Insurance Plans	Vice Preside	ent Product Policy							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		2083.40	11						
		, , ,	_						
Full Name (Last, First, Middle Initial)			D	ate of	f Re	ceipt			
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	N.W.			м м 10	1	D D 14	/ Y	үүү 2011	Y
City	State DC	Zip Code						7133727	41
Washington	DC	20004	A	mount	t of	Each Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С					,	7	130	.47
Name of Employer	Occupation								
America's Health Insurance Plans	Vice Presid	ent Strategic Communication							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		2609.40	11						
Other (specify)		1 1 1 1							
SUBTOTAL of Receipts This Page (optional)	)		•			7	- 7	338.	81
TOTAL This Period (last page this line numb	per only)					7			

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y 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) Susan Pisano			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City	/. State	Zip Code	
	Washington	DC	20004	Transaction ID : 20111111125950-40 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		130.47
	Name of Employer	Occupatior	1	
	America's Health Insurance Plans	Vice Presid	lent Strategic Communication	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		2609.40	
в.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	<i>'</i> .		10 14 Y Y Y Y Y
	City Washington	State DC	Zip Code 20004	Transaction ID : 20111017133727-42 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer America's Health Insurance Plans	Occupation Director	1	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1666.60	
с.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			10 / Y Y Y Y Y 2011
	City Washington	State DC	Zip Code 20004	Transaction ID : 20111111125950-41           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer	Occupation	1	
	America's Health Insurance Plans	Director		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		1666.60	
s	UBTOTAL of Receipts This Page (optional)		•••••	297.13
Т	OTAL This Period (last page this line number of	only)	••••••	

Use separate schedule(s) for each category of the

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	15	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Americas Health	(In Full) Insurance Plans PAC (	AHIP PAC)	
Full Name (Last, First, M A. Mark Pratt	iddle Initial)		Date of Receipt
	), South Building	7.0.1	M = M / D = D / Y = Y = Y = Y 10 14 2011
City Washington	State DC	Zip Code 20004	Transaction ID : 20111017133727-43 Amount of Each Receipt this Period
FEC ID number of contril federal political committee	ŝ.		166.67
Name of Employer America's Health Insuranc	e Plans Occupation		
Receipt For:		Year-to-Date ▼	
Other (specify) ▼	eneral	2166.71	]
Full Name (Last, First, M B. Mark Pratt	iddle Initial)		Date of Receipt
	nsylvania Avenue N.W. 0, South Building		10 31 2011
City Washington	State DC	Zip Code 20004	Transaction ID : 20111111125950-42 Amount of Each Receipt this Period
FEC ID number of contril federal political committee	ŝ.		166.67
Name of Employer America's Health Insuranc	e Plans Occupation SVP, State		
Receipt For: Primary G Other (specify) ▼	eneral Aggregate	Year-to-Date ▼ 2166.71	
Full Name (Last, First, M C. Ingrid Reeves	iddle Initial)		Date of Receipt
	0, South Building		10 / Y Y Y Y Y 2011
City Washington	State DC	Zip Code 20004	Transaction ID : 20111017133727-45 Amount of Each Receipt this Period
FEC ID number of contril federal political committee	Ű,		20.83
Name of Employer	Occupatior	1	
America's Health Insurance	e Plans Vice Presid	lent, Membership	
Receipt For:	eneral	Year-to-Date ▼	_
Other (specify) ▼		416.60	
SUBTOTAL of Receipts Th	is Page (optional)		354.17
TOTAL This Period (last pa	age this line number only)		

Use separate schedule(s) for each category of the

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and s or for commercial purposes, other than using th		
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) <b>A.</b> Ingrid Reeves		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. <u>Suite 500, South Building</u> City	W. State Zip Code	10 31 2011 Transaction ID : 20111111125950-44
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Vice President, Membership	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.60	]
Full Name (Last, First, Middle Initial) B. Sue Rohan		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building		M M / D D / Y Y Y Y Y 10 14 2011
City Washington	StateZip CodeDC20004	Transaction ID : 20111017133727-46 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Programs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.60	]
Full Name (Last, First, Middle Initial) C. Sue Rohan		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building		M M / D D / Y Y Y Y 10 31 2011
City Washington	StateZip CodeDC20004	Transaction ID : 20111111125950-45           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President, Federal Programs	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	1666.60	1
SUBTOTAL of Receipts This Page (optional)		187.49
TOTAL This Period (last page this line number	-	

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\	OMMITTEE (In Full) s Health Insurance Pla	ns PAC (	AHIP PAC)							
Full Name (L A. Lisa Shrev	.ast, First, Middle Initial) Ve				Date of	Rec	eipt			
	ess 601 Pennsylvania Avenue N. Suite 500, South Building				м м 1 <u>0</u>	/	D D 14	/ Y	ү ү 2011	Y
City Washington		State DC	Zip Code 20004						7133727 is Perio	
FEC ID num	ber of contributing cal committee.	С			Amount					u 1.67
Name of Em America's He	ployer ealth Insurance Plans	Occupation Senior Vice	n e President, Professional Pr							
Receipt For:		Aggregate	Year-to-Date ▼							
Other (	y General (specify) <b>▼</b>		833.40	]						
Full Name (L B. Lisa Shre	ast, First, Middle Initial)				Date of	Rec	eipt			
Mailing Addre	ess 601 Pennsylvania Avenue N.\ Suite 500, South Building	V.			м м 10	/	D D 31	/ Y	2011	Y
City Washington		State DC	Zip Code 20004						<b>1125950</b> is Perio	
	ber of contributing cal committee.	С				9		7	4	1.67
Name of Em America's He	ployer alth Insurance Plans	Occupation Senior Vice	n ∌ President, Professional Pr							
Receipt For: Primary Other (	y General (specify) <del>v</del>	Aggregate	Year-to-Date ▼ 833.40	]						
Full Name (L C. Charles	ast, First, Middle Initial) Stellar				Date of	Rec	eipt			
	ess 601 Pennsylvania Avenue N. Suite 500, South Building	W.			м м 10	/	D D D	/ Y	ү ү 2011	Y
City Washington		State DC	Zip Code 20004	A					713372	
	ber of contributing cal committee.	C				. ,			10	4.17
Name of Em	ployer	Occupation	1							
	ealth Insurance Plans	Executive	V.P.							
Receipt For:		Aggregate	Year-to-Date ▼							
	(specify) ▼		2083.40							
SUBTOTAL of	Receipts This Page (optional)								18	7.51
TOTAL This Po	eriod (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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		Detailed Summary Page		11a		11b	11c	12	<u> </u>
Any information copied from such Reports and	d Statements m	l av not be sold or used by any r	Derson fr	13 or the	DUr	14 pose o	15 f soliciting	16 a contribu	17 tions
or for commercial purposes, other than using	the name and a	ddress of any political committe	e to sol	icit coi	ntrib	outions	from suc	h commit	ee.
NAME OF COMMITTEE (In Full)									
Americas Health Insurance Pl	lans PAC (	AHIP PAC)	<u> </u>						
Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt			
Mailing Address 601 Pennsylvania Avenue I Suite 500, South Building	N.W.			м м 10	1	31		ү ү 2011	Y
City	State	Zip Code		Trans	acti	ion ID	: 2011111	1125950	47
Washington	DC	20004	A	mount	t of	Each	Receipt th	nis Period	
FEC ID number of contributing federal political committee.	С					,		104	.17
Name of Employer	Occupation	1							
America's Health Insurance Plans	Executive \	/.P.							
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Primary General Other (specify) ▼		2083.40							
Full Name (Last, First, Middle Initial) B. Aaron Tucker				Date of	f Re	eceipt			
Mailing Address 601 Pennsylvania Avenue M Suite 500, South Building	N.W.			™ _ M 10	1	D 31		ү ү 2011	Y
City	State	Zip Code		Trans	acti	on ID	2011111	1125950-	48
Washington	DC	20004	A	mount	t of	Each	Receipt th	nis Period	
FEC ID number of contributing federal political committee.	С					,		10	.42
Name of Employer	Occupation	1							
America's Health Insurance Plans	Senior Legi	slative & Regulatory Analys							
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Primary General		208.40	1						
Other (specify)		, , , , , , , , , , , , , , , , , , , ,							
Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt			
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	N.W.			м м 10	/	D 14		ү ү 2011	Y
City	State DC	Zip Code 20004						17133727	-50
Washington	DC	20004	A	mount	t of	Each	Receipt th	nis Period	
FEC ID number of contributing federal political committee.	С					7		208	3.33
Name of Employer	Occupation	1							
America's Health Insurance Plans	Executive \	/ice President							
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Primary General		4166.60							
Other (specify)		4100.00	- 1						
SUBTOTAL of Receipts This Page (optional).			•			,		322	.92
TOTAL This Period (last page this line numb	er only)								

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

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		Detailed Summary Page		11a		11b	11c	12	,
Any information copied from such Reports	and Statements m	A not be sold or used by any i	person fr	13 or the	pur	14 pose of	15 soliciting	16 a contribu	17 tions
or for commercial purposes, other than us									
NAME OF COMMITTEE (In Full)									
Americas Health Insurance	e Plans PAC (	AHIP PAC)							
Full Name (Last, First, Middle Initial) A. Michael Tuffin				Date o	f Re	eceipt	_	_	_
Mailing Address 601 Pennsylvania Ave Suite 500, South Buildi				м м 10	/	31	/ Y	ү ү 2011	Y
City	State	Zip Code		Trans	sact	ion ID :	2011111	1125950	-49
Washington	DC	20004	A	moun	t of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					7		208	.33
Name of Employer	Occupation	1							
America's Health Insurance Plans	Executive \	/ice President							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		4166.60							
Full Name (Last, First, Middle Initial) 3. Mark Van Koevering				Date o	f Re	eceipt			
Mailing Address 601 Pennsylvania Aver Suite 500, South Build	ng			M M 10	1	14	/ Y	2011	Y
City	State	Zip Code		Trans	acti	ion ID :	2011101	7133727-	52
Washington	DC	20004	A	moun	t of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					7		83	.33
Name of Employer	Occupation	1							
America's Health Insurance Plans	Executive E	Director							
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Primary General Other (specify) ▼		1666.60							
Full Name (Last, First, Middle Initial)				Date o	f Re	eceipt			
Mailing Address 601 Pennsylvania Ave Suite 500, South Build				м м 10	1	31	/ Y	ү ү 2011	Y
City	State	Zip Code		Trans	sact	ion ID :	2011111	1125950	-51
Washington	DC	20004	A	moun	t of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					,		83	8.33
Name of Employer	Occupation	1							
America's Health Insurance Plans	Executive I	Director							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		4000.00							
Other (specify)		1666.60							
SUBTOTAL of Receipts This Page (optic	nal)		•			7		374	.99
TOTAL This Period (last page this line n	umber only)		• [			,			

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

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			Detailed Summary Page		11a		11b		11c	12	
A					13		14	<u> </u>	15	16	17
	y information copied from such Reports and St for commercial purposes, other than using the										
<u> </u>	NAME OF COMMITTEE (In Full)										
	Americas Health Insurance Plan	is PAC (/	AHIP PAC)								
	Full Name (Last, First, Middle Initial) Daniel Vigil			[	Date of	f Re	eceipt				
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	Ι.			м м 10	/	D 14		/ Y	у у 2011	Y
	City	State	Zip Code		Trans	acti	ion ID	: 2	011101	7133727	-53
	Washington	DC	20004	A	Amount	t of	Each	Re	ceipt th	is Period	ł
	FEC ID number of contributing federal political committee.	С					7		J	3	1.25
	Name of Employer	Occupation									
	America's Health Insurance Plans	Deputy Dire	ector, State Publications								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		625.00								
	Full Name (Last, First, Middle Initial) Daniel Vigil				Date of	f Re	eceipt				
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	·.			м м 10	1	3		/ Y	у у 2011	Y
	City	State	Zip Code		Trans	acti	on ID	: 20	011111	1125950	-52
-	Washington	DC	20004	A	Amount	t of	Each	Re	ceipt th	is Period	ł
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	Name of Employer	Occupation									
4	America's Health Insurance Plans	Deputy Dire	ctor, State Publications								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General		605.00	11							
	Other (specify)		625.00								
С.	Full Name (Last, First, Middle Initial) Karen Ward				Date of	f Re	ceipt				
	Mailing Address 1582 Tern Rest Cv				м м 10	1	D 2		/ Y	y y 2011	Y
	City	State TN	Zip Code								00A696F
-	Cordova	1 IN	38016-8730	A	Amount	t of	Each	Re	ceipt th	is Period	ł
	FEC ID number of contributing federal political committee.	С					7		9	25	0.00
	Name of Employer	Occupation									
	Blue Cross Blue Shield Tennessee	Senior Vice	President and Chief Human								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General		250.00	11							
	Other (specify)		250.00								
	JBTOTAL of Receipts This Page (optional)				-		7		- 7	312	2.50
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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 36 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
Americas Health Insurance P	Plans PAC (A	HIP PAC)											
Full Name (Last, First, Middle Initial) A. Robert Zirkelbach	Date of Receipt												
Mailing Address 601 Pennsylvania Avenue <u>Suite 500, South Building</u> City	10 14 2011 Transaction ID : 20111017133727-55												
Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		104.17										
Name of Employer America's Health Insurance Plans	Occupation Press Secret	ary											
Receipt For: Primary General Other (specify) ▼	Aggregate Y	'ear-to-Date ▼ 2083.40	]										
Full Name (Last, First, Middle Initial) B. Robert Zirkelbach	Date of Receipt												
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	10 31 Y Y Y Y Y												
City Washington	State DC	Zip Code 20004	Transaction ID : 20111111125950-53           Amount of Each Receipt this Period										
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Name of Employer America's Health Insurance Plans	Occupation Press Secret	ary											
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FEC ID number of contributing federal political committee.	С												
Name of Employer	ame of Employer Occupation												
Receipt For: Primary General Other (specify) ▼	Aggregate Y	'ear-to-Date ▼	]										
SUBTOTAL of Receipts This Page (optional	)		208.34										
TOTAL This Period (last page this line numl	ber only)		11610.21										

SCHEDULE B (FEC Form 3X)		FOR LINE				NE NUMBER: PAGE 37 OF 41									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(che	eck o	nly o	one)		1 22								
	Detailed Summary Page		<b>X</b> 21	L	22 28a	-	23 28b	24	L	25 29	26 30b				
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NAME OF COMMITTEE (In Full)															
Americas Health Insurance Plans F	PAC (AHIP PAC)														
Full Name (Last, First, Middle Initial) A. Citibank					Date of	f Di	sburse	ement							
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor				10 / D D / Y Y Y Y 2011											
City	State Zip Code			+	Transaction ID : 6F6F64AE32558E0B7EA										
Washington Purpose of Disbursement	DC 20004				ITANSACTION ID : 0F0F04AE32558EUB/EA										
Merchant Service Fees		001	1		Amount of Each Disbursement this Period 31.74										
Candidate Name		Categ Typ													
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼														
State: District:															
Full Name (Last, First, Middle Initial) B. Citibank					Date of	f Di	sburse	ement							
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor			10 / D D / Y Y Y Y 10 11 2011												
	State Zip Code DC 20004		Transaction ID : C9F097D04DB1DFF5076												
Purpose of Disbursement Merchant Service Fees		00	1		Amoun	t of	Fach	Diebur	omo	nt thia	Doriod				
Candidate Name		Categ	ory/		Amount of Each Disbursement this Period 31.74										
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City	State Zip Code														
Purpose of Disbursement		_	-												
Candidate Name		Categ Typ			Amount of Each Disbursement this Period										
Office Sought: House Disburser Senate President District:	nent For: Primary General Other (specify) ▼						7		<u>, , , , , , , , , , , , , , , , , , , </u>						
SUBTOTAL of Disbursements This Page (optional)			►		<b>_</b>			-		63	.48				
TOTAL This Period (last page this line number only)				-	Ē	Ì				63	.48				

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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 38 OF 41									
	EMIZED DISBURSEMENTS	Use separate sc for each categor Detailed Summa	y of the ry Page	(check only 21b 27	22         X         23         24         25         26           28a         28b         28c         29         30b									
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nar	ments may not be s ne and address of a	sold or use any politica	d by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.									
$\setminus$	NAME OF COMMITTEE (In Full)													
	Americas Health Insurance Plans I	PAC (AHIP P	AC)											
Α.	Full Name (Last, First, Middle Initial) Ameripac: the Fund for a Greater A		Date of Disbursement											
	Mailing Address 700 13th Street, NW Suite 600				10 <u>26</u> 2011									
	City Washington	ode 5		Transaction ID : 4725645BCD6A003BF6F										
	Purpose of Disbursement 2011 Contribution			011	Amount of Each Disbursement this Period									
	Candidate Name		I	Category/	2500.00									
	Ameripac: the Fund for a Greater A			Туре	2500.00									
	Office Sought: House Disburser Senate President	ment For: 2011 Primary 0 Other (specify) ▼	General											
	State: District:	Co	ntribution											
в.	Full Name (Last, First, Middle Initial) Bill Owens for Congress Mailing Address PO Box 1575			Date of Disbursement										
	City	State Zip Co	ode		Transaction ID : 5D2501033206329225D									
	Plattsburgh Purpose of Disbursement	NY 1290	1											
	2012 Primary			011	Amount of Each Disbursement this Period									
	Candidate Name William L. Owens			Category/	1000.00									
	Office Sought: X House Disburser	nent For: 2012 Primary 0 Other (specify) ▼	General	Туре										
с.	Full Name (Last, First, Middle Initial) Bob Casey for Senate Inc				Date of Disbursement									
	Mailing Address 30 South 15th Street Suite 400				10 / D D / Y Y Y Y Y 10 18 2011									
	City Philadelphia	State Zip Co PA 19102			Transaction ID : 11C50FE1331EA0D6AB2									
	Purpose of Disbursement 2012 Primary			011	Amount of Each Disbursement this Period									
	Candidate Name Robert P. Casey Jr		'	Category/ Type	1000.00									
	Office Sought: House Disburser Senate President State: PA District:													
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S	CHEDULE B (FEC Form 3X)		F	ORII	NF NI	E NUMBER: PAGE 39 OF 4											
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		Detailed Summary Page		2	21b	22 28a	×	23 28b	24 28c	25							
	y information copied from such Reports and State for commercial purposes, other than using the nar			any p	person	for the		ose c	of solicitin	ng contri	butions						
$\setminus$	NAME OF COMMITTEE (In Full)																
	Americas Health Insurance Plans	PAC (AHIP PAC)															
Α.	Full Name (Last, First, Middle Initial) Brettpac-the Leadership Pac of U.S.I	iα		Date of	f Dis	burse	ment										
										Y Y Y	YY						
	Mailing Address 608 Montgomery Avenue					10 11 2011											
	City Elizabethtown	State Zip Code KY 42701				Transaction ID : 7B159FCF0E0FAB26A46											
	Purpose of Disbursement	42701	_		_	_											
	2011 Contribution		0	)11		Amount of Each Disbursement this Period											
	Candidate Name	anativa Bratt Cuthria	Cate	egory/	,	1000.00											
	Brettpac-the Leadership Pac of U.S.Repres	ment For: 2011	T	ype		_	-	,	- 7		,00.00						
	Senate Disburse	Primary General															
	President	Other (specify)															
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в.	Full Name (Last, First, Middle Initial)					Data of		huroo	mont								
Ь.	Doc Pac						Date of Disbursement										
	Mailing Address 2470 Daniell's Bridge Rd Ste 121																
	Athens	· · · · ·						Transaction ID : 9D887AB2FE991FA204									
	Purpose of Disbursement 2011 Contribution						Amount of Each Disbursement this Period										
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	Senate	ment For: 2011 Primary General															
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~	Full Name (Last, First, Middle Initial)					Data of		huraa	mont								
С.	Jobs, Economy and Budget Fund	(JEB FUND)				Date of	Dis										
	Mailing Address PO Box 30844			10 / 24 / 2011													
	City Bethesda	StateZip CodeMD20824				Trans	acti	on ID	: F25B8	40C8620	C2FBD12D						
	Purpose of Disbursement 2011 Contribution		011						<b>.</b>								
	Candidate Name			Amount of Each Disbursement this Peri													
	Jobs, Economy and Budget Fund	(JEB FUND)		egory/ ype			_	25	500.00								
	Office Sought: House Disburse	ught: House Disbursement For: 2011															
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	State. District.	Contribution	1			_	_	_		_							
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ITEMIZED DISBURSEMENTS       Use separate schedule(s) for each category of the Detailed Summary Page       Itent Link (check only one)       21 b       22       23       24       25       26         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for such committee.       NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)       Americas Health Insurance Plans PAC (AHIP PAC)         Full Name (Last, First, Middle Initial)       Full Name (Last, First, Middle Initial)	SCHEDULE B (FEC	Form 3X)														
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Edwardsvile       IL       62025         Purpose of Disbursement       011         Candidate Name       011         John S Fund       Disbursement For: 2011         Office Sought:       House         Pressed of Disbursement For: 2011       Contribution         Full Name (Last, First, Middle Initial)       Contribution         B.       Making Business Excel Political Action Committee       Date of Disbursement this Period         Making Business Excel Political Action Committee       Date of Disbursement         Making Business Excel Political Action Committee       Amount of Each Disbursement         Purpose of Disbursement       011         Category/ Purpose of Disbursement       011         Category/ Purpose of Disbursement       011         Category/ Purpose of Disbursement       011         Category/ Purpose of Disbursement       Disbursement for: 2011         Office Sought:       House         District:       Porticident         Other (specify)          State:       Disbursement         District:       Contribution         Full Name (Last, First, Middle Initial)       C         C.       Chery (specify)          State:       Disbursement       Disbursement	Mailing Address PO Box 853															
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s	UBTOTAL of Disbursements This Page (optional)							_	,	,	_	3000	.00				
Т	OTAL This Period (last page this line number only)								7			16500	.00				