FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street) ▼

601 Pennsylvania Avenue, NW

South Building, Suite 500

☐ Check if different than previously reported. (ACC)

Washington | DC | 20004 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00106740

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM 11 / DD 06 / YYYY 2012 in the State of DC

5. Covering Period MM 10 / DD 18 / YYYY 2012 through MM 11 / DD 26 / YYYY 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Charles W. Stellar

Signature of Treasurer *Charles W. Stellar* ***[Electronically Filed]*** Date MM 12 / DD 06 / YYYY 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 10 / 18 / 2012 To: 11 / 26 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		48849.69
(b) Cash on Hand at Beginning of Reporting Period	33417.22	
(c) Total Receipts (from Line 19)	11003.21	156837.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44420.43	205687.11
7. Total Disbursements (from Line 31)	11101.52	172368.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33318.91	33318.91
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: M M 10 / D D 18 / Y Y Y Y 2012 To: M M 11 / D D 26 / Y Y Y Y 2012

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)	10794.01	93806.90
(ii) Unitemized	209.20	8530.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	11003.21	102337.22
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	52500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	11003.21	154837.22
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.20
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)) ▶	11003.21	156837.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	11003.21	156837.42

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	101.52	1418.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	101.52	1418.20
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	11000.00	172000.00
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	-1050.00
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))	11101.52	172368.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	11101.52	172368.20

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	11003.21	154837.22
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11003.21	154837.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	101.52	1418.20
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	101.52	1418.20

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)

A. Full Name (Last, First, Middle Initial): 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: VP, Federal Affairs
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 583.38
Date of Receipt: 10/31/2012
Transaction ID : 20121031112229-2
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial): 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: VP, Federal Affairs
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 583.38
Date of Receipt: 11/15/2012
Transaction ID : 20121109142239-2
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial): Carmella Bocchino
Mailing Address: 601 Pennsylvania Ave NW South Building 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, Clinical Aff
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 4791.67
Date of Receipt: 11/06/2012
Transaction ID : 17D375E3CE1C888941F
Amount of Each Receipt this Period: 1458.35

SUBTOTAL of Receipts This Page (optional) ▶ 1541.69

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

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

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 ▼ 875.07

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2012

Transaction ID : 20121031112229-4

Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Dianne Bricker

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 ▼ 875.07

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2012

Transaction ID : 20121109142239-4

Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Yvonne Chanatry

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 ▼ 2187.57

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2012

Transaction ID : 20121031112229-7

Amount of Each Receipt this Period: 104.17

SUBTOTAL of Receipts This Page (optional) ▶ 187.51

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

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

A. Full Name (Last, First, Middle Initial): Yvonne Chanatry
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: 2187.57
Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-7
Amount of Each Receipt this Period: 104.17

B. Full Name (Last, First, Middle Initial): Rebecca Cole
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: Public Affairs Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 661.25
Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-9
Amount of Each Receipt this Period: 31.25

C. Full Name (Last, First, Middle Initial): Rebecca Cole
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: Public Affairs Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 661.25
Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-9
Amount of Each Receipt this Period: 31.25

SUBTOTAL of Receipts This Page (optional) ▶ 166.67

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

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

A. Full Name (Last, First, Middle Initial)
Kirstin Dawson

Mailing Address 602 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 Research Associate, Clinical Po

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
218.82

Date of Receipt
M M 10 / D D 31 / Y Y Y Y 2012

Transaction ID : 20121031112229-11

Amount of Each Receipt this Period
10.42

B. Full Name (Last, First, Middle Initial)
Kirstin Dawson

Mailing Address 602 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 Research Associate, Clinical Po

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
218.82

Date of Receipt
M M 11 / D D 15 / Y Y Y Y 2012

Transaction ID : 20121109142239-11

Amount of Each Receipt this Period
10.42

C. Full Name (Last, First, Middle Initial)
Gregory Dean

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 ▼
1312.50

Date of Receipt
M M 10 / D D 31 / Y Y Y Y 2012

Transaction ID : 20121031112229-12

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional) ▶ 83.34

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

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

A. Full Name (Last, First, Middle Initial)
Gregory Dean

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 ▼ 1312.50

Date of Receipt: 11 / 15 / 2012

Transaction ID : 20121109142239-12

Amount of Each Receipt this Period: 62.50

B. Full Name (Last, First, Middle Initial)
Randolph Desonia

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, Medicaid Policy

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 15 / 2012

Transaction ID : 20121109142239-13

Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
Katie Dunning

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 ▼ 875.07

Date of Receipt: 10 / 31 / 2012

Transaction ID : 20121031112229-14

Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 114.17

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Katie Dunning

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 ▼ 875.07

Date of Receipt: 11 / 15 / 2012

Transaction ID : 20121109142239-14

Amount of Each Receipt this Period: 41.67

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

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: EVP, Policy and Regulatory Affairs

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4374.93

Date of Receipt: 10 / 31 / 2012

Transaction ID : 20121031112229-15

Amount of Each Receipt this Period: 208.33

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

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: EVP, Policy and Regulatory Affairs

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4374.93

Date of Receipt: 11 / 15 / 2012

Transaction ID : 20121109142239-15

Amount of Each Receipt this Period: 208.33

SUBTOTAL of Receipts This Page (optional) ▶ 458.33

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

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

A. Full Name (Last, First, Middle Initial): Paul Eiting
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: 656.25
Date of Receipt: 10/31/2012
Transaction ID : 20121031112229-16
Amount of Each Receipt this Period: 31.25

B. Full Name (Last, First, Middle Initial): Paul Eiting
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: 656.25
Date of Receipt: 11/15/2012
Transaction ID : 20121109142239-16
Amount of Each Receipt this Period: 31.25

C. Full Name (Last, First, Middle Initial): George Film
Mailing Address: 5551 Crock St
City: Louisville State: OH Zip Code: 44641-8783
FEC ID number of contributing federal political committee: C
Name of Employer: AultCare
Occupation: AVP of Finance
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11/08/2012
Transaction ID : 879DB392BEBC0EC4BB6
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 562.50

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Andrea Finley
Mailing Address: 782 Crestland Ave SE
City: North Canton State: OH Zip Code: 44720-3300
FEC ID number of contributing federal political committee: C
Name of Employer: Aultcare
Occupation: AVP Compliance and Internal Audit
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 / 08 / 2012
Transaction ID : FE93DF4BEB3A596A0AD
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Candy Gallaher
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, State Policy
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 875.07
Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-18
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial): Candy Gallaher
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, State Policy
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 875.07
Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-18
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 583.34

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

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 ▼ 568.68

Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-19

Amount of Each Receipt this Period: 27.08

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

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 ▼ 568.68

Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-19

Amount of Each Receipt this Period: 27.08

C. Full Name (Last, First, Middle Initial)
Jake Glover

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 Health and Wellness Initia

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 319.41

Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-20

Amount of Each Receipt this Period: 15.21

SUBTOTAL of Receipts This Page (optional) ▶ 69.37

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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Jake Glover

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 Health and Wellness Initia

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 319.41

Date of Receipt: 11 / 15 / 2012

Transaction ID : 20121109142239-20

Amount of Each Receipt this Period: 15.21

B. Full Name (Last, First, Middle Initial)
Rick Haines

Mailing Address 2600 6th St SW

City: Canton
State: OH
Zip Code: 44710-1702

FEC ID number of contributing federal political committee.: C

Name of Employer: Aultcare
Occupation: President & CEO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 08 / 2012

Transaction ID : 0F7A887EEBD5C1648E7

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Francis Hayden

Mailing Address 8337 Audubon St NW

City: Massillon
State: OH
Zip Code: 44646-7835

FEC ID number of contributing federal political committee.: C

Name of Employer: AultCare
Occupation: Senior Vice President

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 08 / 2012

Transaction ID : EC8C219CBBE937D1928

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1515.21

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Wendy Henson
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, Human Resources
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-21
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Joni Hong
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: 656.25
Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-22
Amount of Each Receipt this Period: 31.25

C. Full Name (Last, First, Middle Initial): Joni Hong
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: 656.25
Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-22
Amount of Each Receipt this Period: 31.25

SUBTOTAL of Receipts This Page (optional) ▶ 72.50

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Burt Hudson
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 ▼ 875.07
Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-23
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial): Burt Hudson
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 ▼ 875.07
Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-23
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial): Barbara Lardy
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, Clinical Affair
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 875.07
Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-27
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 125.01

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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Barbara Lardy

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, Clinical Affair

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
875.07

Date of Receipt
M M 11 / D D 15 / Y Y Y Y 2012

Transaction ID : 20121109142239-27

Amount of Each Receipt this Period
41.67

B. Full Name (Last, First, Middle Initial)
Jeff Lemieux

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: Svp, Center for Health Policy & Resear

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
2625.00

Date of Receipt
M M 10 / D D 31 / Y Y Y Y 2012

Transaction ID : 20121031112229-29

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Jeff Lemieux

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: Svp, Center for Health Policy & Resear

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
2625.00

Date of Receipt
M M 11 / D D 15 / Y Y Y Y 2012

Transaction ID : 20121109142239-29

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ▶ 291.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Beth Leonard
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: 1900.81
Date of Receipt: 10/31/2012
Transaction ID : 20121031112229-30
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial): Beth Leonard
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: 1900.81
Date of Receipt: 11/15/2012
Transaction ID : 20121109142239-30
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial): Holly Macmoran
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: 437.43
Date of Receipt: 10/31/2012
Transaction ID : 20121031112229-31
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 187.49

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

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 ▼ 437.43

Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-31

Amount of Each Receipt this Period: 20.83

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

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 ▼ 319.41

Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-32

Amount of Each Receipt this Period: 15.21

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

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 ▼ 319.41

Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-32

Amount of Each Receipt this Period: 15.21

SUBTOTAL of Receipts This Page (optional) ▶ 51.25

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Debi Manning
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: 420.00
Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-33
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial): Debi Manning
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: 420.00
Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-33
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial): Anthony Meoni
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, IT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 220.50
Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-35
Amount of Each Receipt this Period: 10.50

SUBTOTAL of Receipts This Page (optional) ▶ 50.50

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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Anthony Meoni

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, IT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.50

Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-35

Amount of Each Receipt this Period: 10.50

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

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 ▼ 420.00

Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-36

Amount of Each Receipt this Period: 20.00

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

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 ▼ 420.00

Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-36

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 50.50

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Joseph Miller

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: General Counsel

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2187.57

Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-37

Amount of Each Receipt this Period: 104.17

B. Full Name (Last, First, Middle Initial)
Joseph Miller

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: General Counsel

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2187.57

Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-37

Amount of Each Receipt this Period: 104.17

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

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 ▼ 875.07

Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-38

Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 250.01

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Julie Miller
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: 875.07
Date of Receipt: 11/15/2012
Transaction ID : 20121109142239-38
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial): Lisa Miller
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, Meeting Services
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 218.82
Date of Receipt: 10/31/2012
Transaction ID : 20121031112229-39
Amount of Each Receipt this Period: 10.42

C. Full Name (Last, First, Middle Initial): Lisa Miller
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, Meeting Services
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 218.82
Date of Receipt: 11/15/2012
Transaction ID : 20121109142239-39
Amount of Each Receipt this Period: 10.42

SUBTOTAL of Receipts This Page (optional) ▶ 62.51

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

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 ▼ 437.43

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2012

Transaction ID : 20121031112229-40

Amount of Each Receipt this Period: 20.83

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

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 ▼ 437.43

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2012

Transaction ID : 20121109142239-40

Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Robert Mullen

Mailing Address 3904 37th St NW

City: Canton
State: OH
Zip Code: 44718-3008

FEC ID number of contributing federal political committee.: C

Name of Employer: Aultcare
Occupation: General Counsel

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 11 / D D 13 / Y Y Y Y 2012

Transaction ID : FCD080EFABB26DD2943

Amount of Each Receipt this Period: 500.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

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, Policy Research

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 306.18

Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-8

Amount of Each Receipt this Period: 14.58

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

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, Policy Research

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 306.18

Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-8

Amount of Each Receipt this Period: 14.58

C. Full Name (Last, First, Middle Initial)
Joe Novak

Mailing Address 2600 6th St SW

City: Canton
State: OH
Zip Code: 44710-1702

FEC ID number of contributing federal political committee.: C

Name of Employer: Aultcare
Occupation: Svp, Corporate Services

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 08 / 2012
Transaction ID : CEB0387DC7652FC5D75

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 529.16

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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Betsy Pelovitz
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 Product Policy
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2187.57
Date of Receipt: 10/31/2012
Transaction ID : 20121031112229-41
Amount of Each Receipt this Period: 104.17

B. Full Name (Last, First, Middle Initial): Betsy Pelovitz
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 Product Policy
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2187.57
Date of Receipt: 11/15/2012
Transaction ID : 20121109142239-41
Amount of Each Receipt this Period: 104.17

C. Full Name (Last, First, Middle Initial): Kevin Pete
Mailing Address: 2203 Radford St NW
City: North Canton State: OH Zip Code: 44720-5835
FEC ID number of contributing federal political committee: C
Name of Employer: Aultcare
Occupation: Sr. Vice President Clinical Services
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11/08/2012
Transaction ID : 9CFB2B31CECB9202560
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 708.34

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Susan Pisano
Mailing Address: 601 Pennsylvania Avenue N.W. Suite 500, South Building
City: Washington State: DC Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Strategic Communication
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2794.75
Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-42
Amount of Each Receipt this Period: 134.39

B. Full Name (Last, First, Middle Initial): Susan Pisano
Mailing Address: 601 Pennsylvania Avenue N.W. Suite 500, South Building
City: Washington State: DC Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer: America's Health Insurance Plans
Occupation: Vice President Strategic Communication
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2794.75
Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-42
Amount of Each Receipt this Period: 134.39

C. Full Name (Last, First, Middle Initial): Lawrence Platt
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: 1749.93
Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-43
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ 352.11

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

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 ▼ 1749.93

Date of Receipt: 11 / 15 / 2012

Transaction ID : 20121109142239-43

Amount of Each Receipt this Period: 83.33

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

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: SVP, State Affairs

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2958.36

Date of Receipt: 10 / 31 / 2012

Transaction ID : 20121031112229-44

Amount of Each Receipt this Period: 125.00

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

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: SVP, State Affairs

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2958.36

Date of Receipt: 11 / 15 / 2012

Transaction ID : 20121109142239-44

Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ▶ 333.33

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Ingrid Reeves
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: 437.43
Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-46
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Ingrid Reeves
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: 437.43
Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-46
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): James R. Savage
Mailing Address: 500 Bachtel St SE
City: North Canton State: OH Zip Code: 44720-3145
FEC ID number of contributing federal political committee: C
Name of Employer: AultCare
Occupation: Assistant Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 / 08 / 2012
Transaction ID : EEA724B8FE099409695
Amount of Each Receipt this Period: 500.00

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Melissa Shelton
Mailing Address: 3371 Hadrian Cir NW
City: Canton State: OH Zip Code: 44708-5915
FEC ID number of contributing federal political committee: C
Name of Employer: Aultcare
Occupation: AVP, HR and Training
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 / 08 / 2012
Transaction ID : 9EABD996D986AEDDC59
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Lisa Shreve
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: 875.07
Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-47
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial): Lisa Shreve
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: 875.07
Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-47
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 583.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

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

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 ▼ 2187.57

Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-48

Amount of Each Receipt this Period: 104.17

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

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 ▼ 2187.57

Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-48

Amount of Each Receipt this Period: 104.17

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

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 ▼ 291.62

Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-49

Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 229.17

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

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 ▼ 291.62

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2012

Transaction ID : 20121109142239-49

Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Aaron Tucker

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 Legislative & Regulatory Analys

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 218.82

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2012

Transaction ID : 20121031112229-50

Amount of Each Receipt this Period: 10.42

C. Full Name (Last, First, Middle Initial)
Aaron Tucker

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 Legislative & Regulatory Analys

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 218.82

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2012

Transaction ID : 20121109142239-50

Amount of Each Receipt this Period: 10.42

SUBTOTAL of Receipts This Page (optional) ▶ 41.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Claudia Tucker
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: 550.00
Date of Receipt: 10/31/2012
Transaction ID : 20121031112229-51
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial): Claudia Tucker
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: 550.00
Date of Receipt: 11/15/2012
Transaction ID : 20121109142239-51
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial): Kathleen Turner
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: Web Media Production Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 262.50
Date of Receipt: 10/31/2012
Transaction ID : 20121031112229-52
Amount of Each Receipt this Period: 12.50

SUBTOTAL of Receipts This Page (optional) ▶ 112.50

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Kathleen Turner

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: Web Media Production Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-52

Amount of Each Receipt this Period: 12.50

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

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 ▼ 1749.93

Date of Receipt: 10 / 31 / 2012
Transaction ID : 20121031112229-53

Amount of Each Receipt this Period: 83.33

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

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 ▼ 1749.93

Date of Receipt: 11 / 15 / 2012
Transaction ID : 20121109142239-53

Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ 179.16

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Marilyn Zigmund Luke

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 Regulatory Counsel

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 15 / 2012

Transaction ID : 20121109142239-54

Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
Robert Zirkelbach

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: Press Secretary

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2187.57

Date of Receipt: 10 / 31 / 2012

Transaction ID : 20121031112229-55

Amount of Each Receipt this Period: 104.17

C. Full Name (Last, First, Middle Initial)
Robert Zirkelbach

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: Press Secretary

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2187.57

Date of Receipt: 11 / 15 / 2012

Transaction ID : 20121109142239-55

Amount of Each Receipt this Period: 104.17

SUBTOTAL of Receipts This Page (optional) ▶ 218.34

TOTAL This Period (last page this line number only) ▶ 10794.01

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A. Full Name (Last, First, Middle Initial): Citibank
Mailing Address: 1101 Pennsylvania Ave, NW, 11th Floor
City: Washington State: DC Zip Code: 20004
Purpose of Disbursement: Merchant Bankcard Fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 01 / 2012
Transaction ID : 49415205771C7F8B5A8
Amount of Each Disbursement this Period: 31.74

B. Full Name (Last, First, Middle Initial): Citibank
Mailing Address: 1101 Pennsylvania Ave, NW, 11th Floor
City: Washington State: DC Zip Code: 20004
Purpose of Disbursement: Merchant Bankcard Fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 13 / 2012
Transaction ID : 7782B9E84F315358008
Amount of Each Disbursement this Period: 31.74

C. Full Name (Last, First, Middle Initial): Paypal
Mailing Address: 12312 Port Grace Boulevard
City: La Vista State: NE Zip Code: 68128
Purpose of Disbursement: Paypal Fee - reversal
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10 / 18 / 2012
Transaction ID : VA9AB2808719D4378362
Amount of Each Disbursement this Period: -4.55

SUBTOTAL of Disbursements This Page (optional) ▶ 58.93

TOTAL This Period (last page this line number only) ▶ 58.93

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Ben Chandler for Congress
Mailing Address: PO Box 12678
City: Lexington State: KY Zip Code: 40508
Purpose of Disbursement: 2012 General
Category/Type: 011
Candidate Name: Albert Benjamin Chandler III
Office Sought: ☒ House ☐ Senate ☐ President
State: KY District: 06
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 18 / 2012
Transaction ID : 0801598368CD6B9A6A4
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Charles Boustany Jr. Md for Congress, Inc.
Mailing Address: PO Box 80126
City: Lafayette State: LA Zip Code: 70598-0126
Purpose of Disbursement: 2012 General
Category/Type: 011
Candidate Name: Charles W. Boustany Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 03
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 11 / 02 / 2012
Transaction ID : 4985000073AC3822126
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): Charles Boustany Jr. Md for Congress, Inc.
Mailing Address: PO Box 80126
City: Lafayette State: LA Zip Code: 70598-0126
Purpose of Disbursement: 2012 Runoff
Category/Type: 011
Candidate Name: Charles W. Boustany Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 03
Disbursement For: 2012 ☐ Primary ☐ General ☒ Other (specify) Runoff
Date of Disbursement: 11 / 13 / 2012
Transaction ID : 4ECCF4271933954639C
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 8500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Chris Coons for Delaware
Mailing Address: PO Box 9900
City: Newark State: DE Zip Code: 19714-5000
Purpose of Disbursement: 2014 Primary
Candidate Name: Christopher Andrew Coons
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: DE District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 09 / 2012
Transaction ID : FA51D156E44B1F07B2F
Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Freedom Fund
Mailing Address: 701 8th Street, NW Suite 500
City: Washington State: DC Zip Code: 20001
Purpose of Disbursement: Voided 7/27/2012 disbursement
Candidate Name: Freedom Fund
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2012 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 11 / 26 / 2012
Transaction ID : A0CACE28260DB4464AE
Amount of Each Disbursement this Period: -3000.00

C. Full Name (Last, First, Middle Initial): John S Fund
Mailing Address: PO Box 853
City: Edwardsville State: IL Zip Code: 62025-0853
Purpose of Disbursement: 2012 Contribution
Candidate Name: John S Fund
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2012 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 10 / 24 / 2012
Transaction ID : ABAA277DB0185301927
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A.
Full Name (Last, First, Middle Initial): Luke Messer for Congress
Mailing Address: PO Box 917
City: Shelbyville State: IN Zip Code: 46176
Purpose of Disbursement: Voided 3/19/2012 disbursement
Category/Type: 011
Candidate Name: Allan Lucas Messer
Office Sought: ☒ House ☐ Senate ☐ President
State: IN District: 06
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 26 / 2012
Transaction ID : BC8BC5962CD05F41485
Amount of Each Disbursement this Period: -500.00

B.
Full Name (Last, First, Middle Initial):
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 / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
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 / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ -500.00

TOTAL This Period (last page this line number only) ▶ 11000.00