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)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☒ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4)	☐ Jul 20 (M7)	☐ Oct 20 (M10)	☐ 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 / DD / YYYY in the State of

5. Covering Period 02 / 01 / 2012 through 02 / 29 / 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 03 / 16 / 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: 02 / 01 / 2012 To: 02 / 29 / 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	37455.17	
(c) Total Receipts (from Line 19)	20169.50	33339.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57624.67	82188.69
7. Total Disbursements (from Line 31)	23063.48	47627.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34561.19	34561.19
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 02 / D D 01 / Y Y Y Y 2012 To: M M 02 / D D 29 / 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)	11740.12	17037.26
(ii) Unitemized	1429.38	4301.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	13169.50	21339.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	18169.50	31339.00
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	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	20169.50	33339.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	20169.50	33339.00

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	63.48	127.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	63.48	127.50
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	23000.00	47500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	23063.48	47627.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	23063.48	47627.50

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)	18169.50	31339.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18169.50	31339.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	63.48	127.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	63.48	127.50

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)
Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington
State: DC
Zip Code: 20004

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼ 833.32

Date of Receipt: 02 / 15 / 2012
Transaction ID : 20120215123728-2

Amount of Each Receipt this Period: 208.33

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington
State: DC
Zip Code: 20004

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼ 833.32

Date of Receipt: 02 / 29 / 2012
Transaction ID : 20120313102228-2

Amount of Each Receipt this Period: 208.33

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 ▼ 416.68

Date of Receipt: 02 / 15 / 2012
Transaction ID : 20120215123728-5

Amount of Each Receipt this Period: 104.17

SUBTOTAL of Receipts This Page (optional) ▶ 520.83

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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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 ▼ 416.68

Date of Receipt: 02 / 29 / 2012

Transaction ID : 20120313102228-5

Amount of Each Receipt this Period: 104.17

B. 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 ▼ 250.00

Date of Receipt: 02 / 29 / 2012

Transaction ID : 20120313102228-10

Amount of Each Receipt this Period: 62.50

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

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 VP, Policy & Operations

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

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 / 16 / 2012

Transaction ID : A73B72EB4B858311E79

Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ▶ 5166.67

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)
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 ▼ 833.32

Date of Receipt: 02 / 15 / 2012

Transaction ID : 20120215123728-13

Amount of Each Receipt this Period: 208.33

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 ▼ 833.32

Date of Receipt: 02 / 29 / 2012

Transaction ID : 20120313102228-13

Amount of Each Receipt this Period: 208.33

C. Full Name (Last, First, Middle Initial)
Jay Gellert

Mailing Address 21650 Oxnard St
Ste 2200

City: Woodland Hills
State: CA
Zip Code: 91367-4901

FEC ID number of contributing federal political committee.: C

Name of Employer: Health Net, Inc.
Occupation: President & CEO

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

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 02 / 28 / 2012

Transaction ID : 2FCFD7225BE335E4FB9

Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ▶ 2416.66

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

A. Full Name (Last, First, Middle Initial)
Erik Komendant

Mailing Address 440 L St NW
712

City: Washington
State: DC
Zip Code: 20001-2579

FEC ID number of contributing federal political committee.: C

Name of Employer: America's Health Insurance Plans
Occupation: Vice President, Federal Affairs

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 16 / 2012
Transaction ID : 4FAF4A3F972989A9F66

Amount of Each Receipt this Period: 1000.00

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 ▼ 500.00

Date of Receipt: 02 / 15 / 2012
Transaction ID : 20120215123728-22

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 ▼ 500.00

Date of Receipt: 02 / 29 / 2012
Transaction ID : 20120313102228-22

Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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): 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 ▼ 416.68
Date of Receipt: 02 / 15 / 2012
Transaction ID : 20120215123728-23
Amount of Each Receipt this Period: 104.17

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 ▼ 416.68
Date of Receipt: 02 / 29 / 2012
Transaction ID : 20120313102228-23
Amount of Each Receipt this Period: 104.17

C. 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 ▼ 416.68
Date of Receipt: 02 / 15 / 2012
Transaction ID : 20120215123728-30
Amount of Each Receipt this Period: 104.17

SUBTOTAL of Receipts This Page (optional) ▶ 312.51

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)
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 ▼ 416.68

Date of Receipt: 02 / 29 / 2012

Transaction ID : 20120313102228-30

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 ▼ 416.68

Date of Receipt: 02 / 15 / 2012

Transaction ID : 20120215123728-34

Amount of Each Receipt this Period: 104.17

C. 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 ▼ 416.68

Date of Receipt: 02 / 29 / 2012

Transaction ID : 20120313102228-34

Amount of Each Receipt this Period: 104.17

SUBTOTAL of Receipts This Page (optional) ▶ 312.51

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): 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: 521.88
Date of Receipt: 02 / 15 / 2012
Transaction ID : 20120215123728-35
Amount of Each Receipt this Period: 130.47

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: 521.88
Date of Receipt: 02 / 29 / 2012
Transaction ID : 20120313102228-35
Amount of Each Receipt this Period: 130.47

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: 333.32
Date of Receipt: 02 / 15 / 2012
Transaction ID : 20120215123728-36
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ 344.27

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)
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 ▼ 333.32

Date of Receipt: 02 / 29 / 2012

Transaction ID : 20120313102228-36

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 ▼ 666.68

Date of Receipt: 02 / 15 / 2012

Transaction ID : 20120215123728-37

Amount of Each Receipt this Period: 166.67

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 ▼ 666.68

Date of Receipt: 02 / 29 / 2012

Transaction ID : 20120313102228-37

Amount of Each Receipt this Period: 166.67

SUBTOTAL of Receipts This Page (optional) ▶ 416.67

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

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)
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 ▼ 416.68

Date of Receipt: 02 / 15 / 2012
Transaction ID : 20120215123728-41

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 ▼ 416.68

Date of Receipt: 02 / 29 / 2012
Transaction ID : 20120313102228-41

Amount of Each Receipt this Period: 104.17

C. Full Name (Last, First, Middle Initial)
Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington
State: DC
Zip Code: 20004

FEC ID number of contributing federal political committee.: C

Name of Employer: America's Health Insurance Plans
Occupation: Executive Vice President

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

Aggregate Year-to-Date ▼ 833.32

Date of Receipt: 02 / 15 / 2012
Transaction ID : 20120215123728-43

Amount of Each Receipt this Period: 208.33

SUBTOTAL of Receipts This Page (optional) ▶ 416.67

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

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)
Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington
State: DC
Zip Code: 20004

FEC ID number of contributing federal political committee.: C

Name of Employer: America's Health Insurance Plans
Occupation: Executive Vice President

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

Aggregate Year-to-Date ▼
833.32

Date of Receipt
M M 02 / D D 29 / Y Y Y Y 2012

Transaction ID : 20120313102228-43

Amount of Each Receipt this Period
208.33

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 ▼
333.32

Date of Receipt
M M 02 / D D 15 / Y Y Y Y 2012

Transaction ID : 20120215123728-45

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 ▼
333.32

Date of Receipt
M M 02 / D D 29 / Y Y Y Y 2012

Transaction ID : 20120313102228-45

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ▶ 374.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[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)
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 ▼ 416.68

Date of Receipt: 02 / 15 / 2012

Transaction ID : 20120215123728-47

Amount of Each Receipt this Period: 104.17

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 ▼ 416.68

Date of Receipt: 02 / 29 / 2012

Transaction ID : 20120313102228-47

Amount of Each Receipt this Period: 104.17

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

Mailing Address

City
State
Zip Code

FEC ID number of contributing federal political committee.: C

Name of Employer
Occupation

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

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶ 208.34

TOTAL This Period (last page this line number only) ▶ 11740.12

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)
☐ 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): Wellpoint, Inc. Wellpac
Mailing Address: 120 Monument Circle
City: Indianapolis State: IN Zip Code: 46204
FEC ID number of contributing federal political committee: C C00197228
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 5000.00
Date of Receipt: 02 / 03 / 2012
Transaction ID : 563927DA7FEE4B46DEA
Amount of Each Receipt this Period: 5000.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶ 5000.00

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)
☐ 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): Ben Nelson 2012
Mailing Address: PO Box 8666
City: Omaha State: NE Zip Code: 68108
FEC ID number of contributing federal political committee: C C00432401
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 2000.00
Date of Receipt: 02 / 28 / 2012
Transaction ID : D27661A8ABAC97A261C
Amount of Each Receipt this Period: 2000.00
Refund of General Election Contribution

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶ 2000.00

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): Adam Smith for Congress Committee
Mailing Address: PO Box 23626
City: Federal Way State: WA Zip Code: 98093
Purpose of Disbursement: 2012 Primary
Category/Type: 011
Candidate Name: Adam Smith
Office Sought: ☒ House ☐ Senate ☐ President
State: WA District: 09
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 01 / 2012
Transaction ID : C3DF26F086D5926A624
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
Purpose of Disbursement: 2012 Primary
Category/Type: 011
Candidate Name: Charles W. Boustany Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 07
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 21 / 2012
Transaction ID : 777002E7D609408BBF0
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
Purpose of Disbursement: 2012 General
Category/Type: 011
Candidate Name: Charles W. Boustany Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 07
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 02 / 27 / 2012
Transaction ID : 3CA02FC48A5F7B876A6
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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): Freedom Project; the
Mailing Address: 320 1st Street SE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: 2012 Contribution
Category/Type: 011
Candidate Name: Freedom Project; the
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2012 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 02 / 21 / 2012
Transaction ID : 01C1E91B2332CAB613A
Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Friends of John Boehner
Mailing Address: 7908 Cincinnati Dayton Road Suite I
City: West Chester State: OH Zip Code: 45069
Purpose of Disbursement: 2012 General
Category/Type: 011
Candidate Name: John A. Boehner
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 08
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify) ▼
Date of Disbursement: 02 / 21 / 2012
Transaction ID : 346D08249727478AE07
Amount of Each Disbursement this Period: 5000.00

C. Full Name (Last, First, Middle Initial): Kathy Hochul for Congress
Mailing Address: PO Box 64
City: Buffalo State: NY Zip Code: 14231
Purpose of Disbursement: 2012 Primary
Category/Type: 011
Candidate Name: Kathleen C. Hochul
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 26
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 02 / 21 / 2012
Transaction ID : E2A11C4C3E6165BEB0B
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 11000.00

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): Manchin for West Virginia
Mailing Address: PO Box 5202
City: Charleston State: WV Zip Code: 25361
Purpose of Disbursement: 2012 Primary
Candidate Name: Joe Manchin III
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: WV District:
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 21 / 2012
Transaction ID : 6690EDA3E38375EA652
Amount of Each Disbursement this Period: 4000.00

B.
Full Name (Last, First, Middle Initial): Tim Murphy for Congress
Mailing Address: PO Box 24551
City: Pittsburgh State: PA Zip Code: 15234
Purpose of Disbursement: 2012 Primary
Candidate Name: Timothy F. Murphy
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 18
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 21 / 2012
Transaction ID : 57BF9003F57A7D5E4C9
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Vargas for Congress 2012
Mailing Address: 5429 Madison Ave
City: Sacramento State: CA Zip Code: 95841
Purpose of Disbursement: 2012 Primary
Candidate Name: Juan Vargas
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 51
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 21 / 2012
Transaction ID : 8D7BE7331CE5A76D98B
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶ 23000.00