Image# 13941323317 PAGE 1 / 45

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									C	Office Use On	ly
	NAME OF COMMITTEE (in		YPE OR F	PRINT ▼		mple: If typer the lines.	oing, type	12FE	4M5		
Am	nericas Heal	th Insurar	nce Pla	ns PAC (AHIP PA	C)					
				1 1 1 1							
	2500 /	1	601 Penn	sylvania Aver	nue, NW				1 1	1 1 1 1	
ADDI	RESS (number ar	id street) L	South Bu	ilding, Suite 5	00						
	Check if diff than previou		Washing	ton				, DC ,		20004	
	reported. (A		vvasiiiigi							20004	
2. i	FEC IDENTIFIC	ATION NUM	IBER ▼		CITY 🛦			STATE	\	ZIP	CODE A
	C C0010674	10		;	3. IS THIS REPORT	×	NEW (N) OR		AMEN (A)	NDED	
	TYPE OF REI Choose One)	PORT	(b) Mon	ort	Feb 20 (M2)		May 20 (M5) ×	Aug 20	(M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Re	ports:	Due		Mar 20 (M3)		Jun 20 (M6)		Sep 20	(M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15				Apr 20 (M4)		Jul 20 (M7)		Oct 20	(M10)	Jan 31 (YE)
	Quarterl July 15	y Report (Q1)	(c)	12-Day		Primary (12	2P)	Ge	eneral (12	(G)	Runoff (12R)
		y Report (Q2)		PRE-Election Report for the		Convention	(12C)	Sp	ecial (12	S)	
	October Quarter	15 y Report (Q3)									
	January Year-En	31 d Report (YE)		E	lection on	M = M	/ D D /	Y	Y	in th Stat	he te of
	July 31 Report	Mid-Year (Non-election lly) (MY)	(d)	30-Day POST-Election		General (30	0G)	Ru	noff (30F	3)	Special (30S)
		tion Report		Report for th	ne:	M M	/ D D /	Y	Y	in th	he
	L (TER)			E	lection on						te of
5. (Covering Period	07	/ 01		013	through	M N	/ 31	D /	2013	Y
I cert	ify that I have e	xamined this	Report a	nd to the be	st of mv kno	wledge and	l belief it is t	rue, corre	ct and c	omplete.	
	or Print Name		Charles \								
Signa	ture of Treasure	er <i>Charles</i>	W. Stellar			[Electronica	lly Filed]	Date	M M M	/ 09	/ Y Y Y Y Y Y 2013
NOTE	: Submission of	false, erroneou	us, or inco	mplete inform	nation may su	ubject the pe	erson signing	this Repo	rt to the	penalties of	2 U.S.C. §437g.
	Office Use										ORM 3X
1	Only									Hev. 1	2/2004

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: 07 01 2013 To: 07 31 2013

		COLUMN A This Period		
6.	(a) Cash on Hand January 1, 2013		43551.88	
	(b) Cash on Hand at Beginning of Reporting Period	22915.22		
	(c) Total Receipts (from Line 19)	17536.46	108940.82	
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40451.68	152492.70	
7.	Total Disbursements (from Line 31)	7313.48	119354.50	
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33138.20	33138.20	
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)

I. Receipts	I. Receipts COLUMN A Total This Period					
Contributions (other than loans) From:						
(a) Individuals/Persons Other						
Than Political Committees	47404.00	60414.64				
(i) Itemized (use Schedule A)	17164.60	60414.64				
(ii) Unitemized	371.86	8526.18				
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	17536.46	68940.82				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees						
(such as PACs)	0.00	40000.00				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry						
Totals to Line 33, page 5)	17536.46	108940.82				
Transfers From Affiliated/Other		7				
Party Committees	0.00	0.00				
rarty committees	3.00	9 9				
. All Loans Received	0.00	0.00				
. 7th Edulo Hodoved		7 7				
Love Borrowski Brooks I	0.00	0.00				
Loan Repayments Received	0.00	0.00				
Offsets To Operating Expenditures						
(Refunds, Rebates, etc.)	0.00	0.00				
(Carry Totals to Line 37, page 5)	0.00	0.00				
Refunds of Contributions Made						
to Federal Candidates and Other	0.00	0.00				
Political Committees	0.00	0.00				
Other Federal Receipts	0.00	0.00				
(Dividends, Interest, etc.)	0.00	0.00				
. Transfers from Non-Federal and Levin Funds						
(a) Non-Federal Account	0.00	2.22				
(from Schedule H3)	0.00	0.00				
	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				
(c) Total Transfers (add To(a) and To(b))	0.00	0.00				
. Total Receipts (add Lines 11(d),						
12, 13, 14, 15, 16, 17, and 18(c))▶	17536.46	108940.82				
,, ., ., ., ., .,,,	1,555.15					
. Total Federal Receipts						
(subtract Line 18(c) from Line 19)▶	17536.46	108940.82				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	II. Disbursements COLUMN A Total This Period				
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calendar Year-to-Date			
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	604.50			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	63.48	604.50			
Transfers to Affiliated/Other Party					
Committees Contributions to	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	7000.00	118500.00			
Independent Expenditures	0.00	0.00			
(use Schedule E)		3.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans MadeRefunds of Contributions To:	0.00	0.00			
(a) Individuals/Persons Other Than Political Committees	250.00	250.00			
(I) P. 175 - I P. I. C	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))▶	250.00	250.00			
Other Disbursements	0.00	0.00			
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)	0.00	0.00			
(i) Federal Share					
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add					
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7313.48	119354.50			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	7313.48	119354.50			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	17536.46	108940.82
4. Total Contribution Refunds (from Line 28(d))	250.00	250.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17286.46	108690.82
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	63.48	604.50
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	63.48	604.50

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	the name and address of any political committee	
Americas Health Insurance F	Plans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Jeremy Allen		Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building		07 15 2013
City	State Zip Code	Transaction ID: 20130808113728-2
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	_
Americas Health Insurance Plans	VP, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	875.00	
Full Name (Last, First, Middle Initial) 3. Jeremy Allen		Date of Receipt
Mailing Address 601 Pennsylvania Avenue	N.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building	01:1:	07 31 2013
City	State Zip Code	Transaction ID : 20130725172230-2
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.33
Name of Employer	Occupation	7
Americas Health Insurance Plans	VP, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	875.00	
Full Name (Last, First, Middle Initial) Catherine Ayers		Date of Receipt
Mailing Address 6222 NW 19th PI		07 18 2013
City	State Zip Code	Transaction ID : 722F322060BC4F4BB39B
Gainesville	FL 32605-3246	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
AvMed	SVP, Human Resources	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General	Aggregate real to Date ♥	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	l)	666.66
TOTAL This Period (last page this line num	her only)	

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

45

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) R. Bradford Bentley Date of Receipt Mailing Address 8717 SW 91st PI 2013 City Zip Code State Transaction ID: E435BFD6B2F542BEBB8C FL Gainesville 32608-7291 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation AvMed VP Underwriting Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2013 City State Zip Code Transaction ID: 20130808113728-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.96 Other (specify) Full Name (Last, First, Middle Initial) c. Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 31 2013 City State Zip Code Transaction ID: 20130725172230-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.96 Other (specify) 916.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City State Zip Code Transaction ID: 20130808113728-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) Full Name (Last, First, Middle Initial) B. Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 31 2013 City State Zip Code Transaction ID: 20130725172230-4 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼	583.38	
Full Name (Last, First, Middle Initial) David Butler Mailing Address 5403 Windbrush Dr	Charles 7in Condo	Date of Receipt 07 18 2013
City Tampa FEC ID number of contributing federal political committee.	State Zip Code FL 33625-4051	Amount of Each Receipt this Period 300.00
Name of Employer AvMed Receipt For: Primary General Other (specify)	Occupation Regional VP Aggregate Year-to-Date ▼ 300.00	

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SCHEDULE A (FEC Form 3X) ITE

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y information copied from such Reports and Statements ma							•		

An or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20130808113728-5 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Vice President, Federal Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 31 2013 City State Zip Code Transaction ID: 20130725172230-5 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) c. Tracey Carter Date of Receipt Mailing Address 111 Robert Rd 07 29 2013 City State Zip Code Transaction ID: FD006330D24F4255BC77 MA Marlborough 01752-6531 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation VP Acturial Services, Pricing and Unde Tufts Health Plan Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 666.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 10 OF 45

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any pe the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance P	lans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Winthrop Cashdollar Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N.W. State Zip Code DC 20004 C Occupation Executive Director Product Policy Aggregate Year-to-Date ▼ 875.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Winthrop Cashdollar Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N.W. State Zip Code DC 20004 C Occupation Executive Director Product Policy Aggregate Year-to-Date ▼ 875.00	Date of Receipt Mark
Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N.W. State Zip Code DC 20004 C Occupation Vice President, Marketing and Graphics Aggregate Year-to-Date ▼ 1458.38	Date of Receipt 07
SUBTOTAL of Receipts This Page (optional)		229.17
TOTAL This Period (last page this line numb	per only)	

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 31 City Zip Code State Transaction ID: 20130725172230-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 1458.38 Other (specify) Full Name (Last, First, Middle Initial) B. Rebecca Cole Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2013 City State Zip Code Transaction ID: 20130808113728-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans Public Affairs Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 437.50 Other (specify) Full Name (Last, First, Middle Initial) c. Rebecca Cole Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 07 31 2013 Suite 500, South Building City Zip Code State Transaction ID: 20130725172230-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 С federal political committee. Name of Employer Occupation Public Affairs Manager America's Health Insurance Plans

SUBTOTAL of Receipts This Page (optional)		Ī	5	_	,		166	.67	
TOTAL This Period (last page this line number only)			7		,				

437.50

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

FOR LINE NUMBER: PAGE 12 OF 45 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Lois Cornell Date of Receipt Mailing Address 31 Farm Hill Rd 2013 City Zip Code State Transaction ID: C5D36AB5B1174939B8FB Natick MA 01760-5552 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Tufts Health Plan Sr VP of HR, General Counsel, Sr. Comp Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Croswell Date of Receipt Mailing Address 40 Wyman Rd 07 29 2013 City State Zip Code Transaction ID: 052AC3C5D5754E0BBF5A MA Lexington 02420-3236 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Tufts Health Plan Chief Operating Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 07 15 2013 Suite 500, South Building City State Zip Code Transaction ID: 20130808113728-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 875.00 Other (specify) 1062.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 13 OF 45 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 31 City Zip Code State Transaction ID: 20130725172230-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 875.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2013 City State Zip Code Transaction ID: 20130808113728-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.96 Other (specify) Full Name (Last, First, Middle Initial) c. Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 31 2013 City State Zip Code Transaction ID: 20130725172230-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.96 Other (specify) 479.16 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF 45 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Katie Dunning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20130808113728-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) Full Name (Last, First, Middle Initial) B. Katie Dunning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 31 2013 City State Zip Code Transaction ID: 20130725172230-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 07 15 2013 Suite 500, South Building City State Zip Code Transaction ID: 20130808113728-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans EVP, Policy and Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2916.62 Other (specify) 291.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF 45 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 31 City Zip Code State Transaction ID: 20130725172230-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans EVP, Policy and Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2916.62 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2013 City State Zip Code Transaction ID: 20130808113728-17 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 510.44 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 31 2013 City State Zip Code Transaction ID: 20130725172230-17 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 510.44 Other (specify) 291.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Alan Fehlner Date of Receipt Mailing Address 4205 SW 31st Dr 2013 City State Zip Code Transaction ID: 31B217A209484C2289F6 FL Gainesville 32608-7696 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Vice President, Finance Avmed Health Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Vincenzo Ferri Date of Receipt Mailing Address 726 S Renaud Rd 07 18 2013 City State Zip Code Transaction ID: F06C597205EE4AD48274 Grosse Pointe Wood MI 48236-1799 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Avmed VP and CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Robin L. Flory Date of Receipt Mailing Address 3210 Dow St 07 18 2013 City State Zip Code Transaction ID: 56362B2D4156408BB881 FL Pompano Beach 33062-1212 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Avmed Health Plans Region Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Michael Gallagher Mailing Address 4300 NW 89th Blvd PO Box 749 City Gainesville FEC ID number of contributing federal political committee. Name of Employer Avmed Health Plans Receipt For: Primary General Other (specify)	State Zip Code FL 32606-5688 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Candy Gallaher Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	.W. State Zip Code DC 20004 C Occupation Vice President, State Policy Aggregate Year-to-Date ▼ 583,38	Date of Receipt O7 15 2013 Transaction ID: 20130808113728-19 Amount of Each Receipt this Period 41.67
Full Name (Last, First, Middle Initial) Candy Gallaher Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Vice President, State Policy Aggregate Year-to-Date ▼	Date of Receipt O7 31 2013 Transaction ID: 20130725172230-19 Amount of Each Receipt this Period 41.67
SUBTOTAL of Receipts This Page (optional)	>	1083.34
TOTAL This Period (last page this line numbe	r only)	

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Leanne Gassaway Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20130808113728-20 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 27.08 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 379.12 Other (specify) Full Name (Last, First, Middle Initial) B. Leanne Gassaway Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 31 2013 City State Zip Code Transaction ID: 20130725172230-20 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 27.08 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 379.12 Other (specify) Full Name (Last, First, Middle Initial) c. Jake Glover Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 31 2013 City State Zip Code Transaction ID: 20130725172230-21 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 15.21 С federal political committee. Name of Employer Occupation Director of Health and Wellness Initia America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 212.94 Other (specify) 69.37 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Cynthia Goff Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer BlueCross and BlueShield of Minnesota Receipt For:	State Zip Code DC 20004 C Occupation Director of Public Policy	Date of Receipt O7 15 2013 Transaction ID: 20130808113728-22 Amount of Each Receipt this Period 62.50
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50	
Full Name (Last, First, Middle Initial) Cynthia Goff Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer BlueCross and BlueShield of Minnesota Receipt For: Primary General Other (specify)	W. State Zip Code DC 20004 C Occupation Director of Public Policy Aggregate Year-to-Date ▼ 437.50	Date of Receipt 07 31 2013 Transaction ID: 20130725172230-22 Amount of Each Receipt this Period 62.50
Full Name (Last, First, Middle Initial) William M. Gracey Mailing Address 99 Walnut St Apt 601 City Chattanooga FEC ID number of contributing federal political committee. Name of Employer BlueCross BlueShield of Tennessee Receipt For: Primary General Other (specify)	State Zip Code TN 37403-1139 C Occupation President & CEO Aggregate Year-to-Date ▼ 2000.00	Date of Receipt 07 09 2013 Transaction ID: 15D397C3B8F54647A8CC Amount of Each Receipt this Period 2000.00
SUBTOTAL of Receipts This Page (optional)	>	2125.00
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FOR LINE NUMBER: PAGE 20 OF 45 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Joni Hong Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20130808113728-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel, Special Proj Receipt For: Aggregate Year-to-Date ▼ Primary General 437.50 Other (specify) Full Name (Last, First, Middle Initial) B. Joni Hong Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 31 2013 City State Zip Code Transaction ID: 20130725172230-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel, Special Proj Receipt For: Aggregate Year-to-Date ▼ Primary General 437.50 Other (specify) Full Name (Last, First, Middle Initial) c. Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2013 City State Zip Code Transaction ID: 20130808113728-25 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Client Learning Servi Receipt For: Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) 104.17 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 31 City Zip Code State Transaction ID: 20130725172230-25 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Client Learning Servi Receipt For: Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) Full Name (Last, First, Middle Initial) B. Jean Knapp Date of Receipt Mailing Address 59 Hunter Ln 07 29 2013 City State Zip Code Transaction ID: F41C9276D3B0459FBF35 MA Lancaster 01523-3041 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Tufts Health Plan AVP Budgeting & Financial Planning Receipt For: Aggregate Year-to-Date ▼ Primary General 0.00 Other (specify) Full Name (Last, First, Middle Initial) c. Susan Knapp Pinnas Date of Receipt Mailing Address 1140 Alfonso Ave 07 18 2013 City State Zip Code Transaction ID: 992DB4036A734A498A85

500.00

33146-3210

FL

C

Occupation

Senior Vice President

Aggregate Year-to-Date ▼

500.00

Amount of Each Receipt this Period

Coral Gables

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

Avmed Health Plans Receipt For:

Primary

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Crystal Kuntz Mailing Address 601 Pennsylvania Avenue N	.w.	Date of Receipt
Suite 500, South Building		07 15 2013
City	State Zip Code	Transaction ID : 20130808113728-28
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	VP Policy and Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	749.97	
Full Name (Last, First, Middle Initial) Crystal Kuntz		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building		07 31 2013
City	State Zip Code	Transaction ID : 20130725172230-29
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	VP Policy and Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	749.97	
Full Name (Last, First, Middle Initial) C. Barbara Lardy		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building		07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code DC 20004	Transaction ID : 20130808113728-29
Washington	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
America's Health Insurance Plans	Senior Vice President, Clinical Affair	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	583.38	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Barbara Lardy Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 31 City Zip Code State Transaction ID: 20130725172230-30 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Clinical Affair Receipt For: Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) Full Name (Last, First, Middle Initial) **B.** Jeff Lemieux Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2013 City State Zip Code Transaction ID: 20130808113728-30 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Svp, Center for Health Policy & Resear Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) Full Name (Last, First, Middle Initial) Jeff Lemieux Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 07 31 2013 Suite 500, South Building City State Zip Code Transaction ID: 20130725172230-31 DC Washington 20004 Amount of Each Receipt this Period

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1750.00

Svp, Center for Health Policy & Resear

Aggregate Year-to-Date ▼

С

Occupation

125.00

FEC ID number of contributing

America's Health Insurance Plans

Other (specify)

General

federal political committee.

Name of Employer

Primary

Receipt For:

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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Senior Director Public Affairs Aggregate Year-to-Date 1166.62	Date of Receipt O7 15 2013 Transaction ID: 20130808113728-31 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	.W. State Zip Code DC 20004 C Occupation Senior Director Public Affairs Aggregate Year-to-Date ▼ 1166.62	Date of Receipt O7 31 2013 Transaction ID: 20130725172230-32 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Winston H. Lonsdale Mailing Address 11361 SW 123rd St City Miami FEC ID number of contributing federal political committee. Name of Employer Avmed Receipt For: Primary Other (specify)	State Zip Code FL 33176-4426 C Occupation VP, Claims Aggregate Year-to-Date ▼ 300.00	Date of Receipt 07 18 2013 Transaction ID: 98019ADC63C441A6AE7B Amount of Each Receipt this Period 300.00
SUBTOTAL of Receipts This Page (optional)	•	466.66
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 25 OF 45 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Holly Macmoran Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20130808113728-32 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Program Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 291.62 Other (specify) Full Name (Last, First, Middle Initial) B. Holly Macmoran Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 31 2013 City State Zip Code Transaction ID: 20130725172230-33 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Program Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 291.62 Other (specify) Full Name (Last, First, Middle Initial) c. Aida Magarace Date of Receipt Mailing Address 2 Moore Rd 07 29 2013 City Zip Code State Transaction ID: 638DCA6079104DC08367 MA Sudbury 01776-1912 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation VP and Corporate Controller Tufts Health Plan Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 291.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (AHIP PAC)	
Δ.	Receipt For: Primary General Other (specify) ▼	State Zip Code DC 20004 C Occupation Administrative Assistant, Federal Affa Aggregate Year-to-Date ▼ 212.94	Date of Receipt O7 31 2013 Transaction ID: 20130725172230-34 Amount of Each Receipt this Period 15.21
3.	America's Health Incurence Plans	State Zip Code DC 20004 C Occupation Director of Human Resources Aggregate Year-to-Date ▼ 280.00	Date of Receipt 07 15 2013 Transaction ID: 20130808113728-34 Amount of Each Receipt this Period 20.00
D .	, ,	State Zip Code DC 20004 C Occupation Director of Human Resources Aggregate Year-to-Date 280.00	Date of Receipt 07 31 2013 Transaction ID: 20130725172230-35 Amount of Each Receipt this Period 20.00
s	UBTOTAL of Receipts This Page (optional)	>	55.21
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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Javier Mendoza Mailing Address 13224 SW 40th St City Davie FEC ID number of contributing federal political committee. Name of Employer AvMed Receipt For: Primary General Other (specify)	State Zip Code FL 33330-4704 C Occupation VP Aggregate Year-to-Date ▼ 300.00	Date of Receipt 07 18 2013 Transaction ID: AAF827501630464696E5 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	W. State Zip Code DC 20004 C Occupation Executive Director Product Policy Aggregate Year-to-Date ▼ 280.00	Date of Receipt 07
Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	W. State Zip Code DC 20004 C Occupation Executive Director Product Policy Aggregate Year-to-Date ▼ 280.00	Date of Receipt O7 31 2013 Transaction ID: 20130725172230-38 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)	>	340.00
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	Statements may not be sold or used by any persone name and address of any political committee to					
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (AHIP PAC)					
Full Name (Last, First, Middle Initial) Joseph Miller Mailing Address 601 Pennsylvania Avenue N	l.W.	Date of Receipt				
Suite 500, South Building		07 15 2013				
City	State Zip Code	Transaction ID : 20130808113728-38				
Washington	DC 20004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	104.17				
Name of Employer	Occupation	1				
America's Health Insurance Plans	General Counsel					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General Other (specify) ▼	1458.38					
Full Name (Last, First, Middle Initial) Joseph Miller	Date of Receipt					
-	Mailing Address 601 Pennsylvania Avenue N.W.					
Suite 500, South Building	State 7in Code	07 31 2013				
City Washington	State Zip Code DC 20004	Transaction ID: 20130725172230-39				
	20004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	104.17				
Name of Employer	Occupation	1				
America's Health Insurance Plans	General Counsel					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1458.38					
Full Name (Last, First, Middle Initial) C. Julie Miller	1	Date of Receipt				
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building		07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Washington	State Zip Code DC 20004	Transaction ID: 20130808113728-39 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	62.50				
Name of Employer	Occupation	-				
America's Health Insurance Plans	Senior Associate Counsel					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General						
Other (specify) ▼	729.19					
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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Julie Miller Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington	W. State Zip Code DC 20004	Date of Receipt 07 31 2013 Transaction ID: 20130725172230-40 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Senior Associate Counsel Aggregate Year-to-Date ▼ 729.19	62.50
Full Name (Last, First, Middle Initial) Martin Mitchell Jr. Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	W. State Zip Code DC 20004 C Occupation Director Product Policy Aggregate Year-to-Date ▼ 291.62	Date of Receipt 07 15 2013 Transaction ID: 20130808113728-41 Amount of Each Receipt this Period 20.83
Full Name (Last, First, Middle Initial) Martin Mitchell Jr. Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	W. State Zip Code DC 20004 C Occupation Director Product Policy Aggregate Year-to-Date ▼ 291.62	Date of Receipt O7 31 2013 Transaction ID: 20130725172230-42 Amount of Each Receipt this Period 20.83
SUBTOTAL of Receipts This Page (optional)	>	104.16
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 30 OF 45

Τ	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma	ly not be sold or used by any peddress of any political committee	rson for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (A	AHIP PAC)	
Δ.	Full Name (Last, First, Middle Initial) Teresa Mulligan Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Executive D	Zip Code 20004 Director, Policy Research Year-to-Date ▼	Date of Receipt 07 31 2013 Transaction ID: 20130725172230-8 Amount of Each Receipt this Period 14.58
3.	Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	State DC C Occupation Vice Preside	Zip Code 20004 ent Product Policy Year-to-Date ▼	Date of Receipt 07 15 2013 Transaction ID: 20130808113728-42 Amount of Each Receipt this Period 104.17
— D.	Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Other (specify)	State DC C Occupation Vice Preside	Zip Code 20004 ent Product Policy Year-to-Date ▼	Date of Receipt M M / 31 2013 Transaction ID: 20130725172230-43 Amount of Each Receipt this Period 104.17
s	UBTOTAL of Receipts This Page (optional)		•	222.92
Т	OTAL This Period (last page this line number o	nly)		

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for each category of the Detailed Summary Page	X	11a		11b		11c	12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Susan Pisano Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20130808113728-43 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 134.39 federal political committee. Name of Employer Occupation Vice President Strategic Communication America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1881.46 Other (specify) Full Name (Last, First, Middle Initial) B. Susan Pisano Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 31 2013 City State Zip Code Transaction ID: 20130725172230-44 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 134.39 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Strategic Communication Receipt For: Aggregate Year-to-Date ▼ Primary General 1881.46 Other (specify) Full Name (Last, First, Middle Initial) c. Lawrence Platt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 07 15 2013 Suite 500, South Building City State Zip Code Transaction ID: 20130808113728-44 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee.

SUBTOTAL of Receipts This Page (optional)		•				Ξ	7	Ξ	35	2.11	
TOTAL This Period (last page this line number or	only)	•		_		Ξ	7	Ξ	Ξ	_	

1166.62

Occupation Director

Aggregate Year-to-Date ▼

Name of Employer

Primary

Receipt For:

America's Health Insurance Plans

Other (specify)

General

FOR LINE NUMBER: PAGE 32 OF 45

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or for commercial purposes, other than using the	name and address of any political committee to	
NAME OF COMMITTEE (In Full)	• •	
Americas Health Insurance Plan	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) 1. Lawrence Platt		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V	V	M = M / D = D / Y = Y = Y
Suite 500, South Building		07 31 2013
City	State Zip Code DC 20004	Transaction ID : 20130725172230-45
Washington	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1166.62	
Full Name (Last, First, Middle Initial) Mark Pratt		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V	V.	M = M / D = D / Y = Y = Y
Suite 500, South Building		07 15 2013
City	State Zip Code	Transaction ID : 20130808113728-45
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer	Occupation	
America's Health Insurance Plans	SVP, State Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1750.00	
Full Name (Last, First, Middle Initial) Mark Pratt		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building	v.	07 31 2013
City	State Zip Code	Transaction ID : 20130725172230-46
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
America's Health Insurance Plans	SVP, State Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1750.00	
SUBTOTAL of Receipts This Page (optional)		333.33
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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee.	W. State Zip Code DC 20004	Date of Receipt 07
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify)	Occupation Vice President, Membership Aggregate Year-to-Date ▼ 291.62	
Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania Avenue N.' Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	W. State Zip Code DC 20004 C Occupation Vice President, Membership Aggregate Year-to-Date ▼	Date of Receipt 07 31 2013 Transaction ID: 20130725172230-48 Amount of Each Receipt this Period 20.83
Full Name (Last, First, Middle Initial) James Repp Mailing Address 3842 E Hibiscus St City Weston FEC ID number of contributing federal political committee. Name of Employer AvMed Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33332-2455 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 500.00	Date of Receipt 07 18 2013 Transaction ID: 708EBFE6236E4E6A94CC 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)	

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NAME OF COMMITTEE (In Full) Americas Health Insurance PI	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Misty R. Saunders Mailing Address 1015 SW 105th Ter		Date of Receipt
City	State Zip Code	07 18 2013 Transaction ID : 3A0DA50285384E07B4BD
Gainesville FEC ID number of contributing federal political committee.	FL 32607-6329	Amount of Each Receipt this Period 300.00
Name of Employer Avmed Health Plans Receipt For: □ Primary □ General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Michael Sheehan Mailing Address 13403 SW 58th Ave		Date of Receipt 07 18 _ 2013 _
City Miami	State Zip Code FL 33156-7241	Transaction ID : E8B2DE360E6C4895B782 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer AvMed Health Plans Receipt For:	Occupation Medical Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Lisa Shreve		Date of Receipt
Mailing Address 601 Pennsylvania Avenue I Suite 500, South Building		07 15 / Y Y Y Y Y Y
City Washington	State Zip Code DC 20004	Transaction ID: 20130808113728-48 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Professional Pr	_
Receipt For: Primary Other (specify)	Aggregate Year-to-Date ▼ 583.38	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	641.67
TOTAL This Period (last page this line number	<u>_</u>	

FOR LINE NUMBER: PAGE 35 OF 45 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 31 City Zip Code State Transaction ID: 20130725172230-49 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Professional Pr Receipt For: Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) Full Name (Last, First, Middle Initial) B. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2013 City State Zip Code Transaction ID: 20130808113728-49 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 1458.38 Other (specify) Full Name (Last, First, Middle Initial) c. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 07 31 2013 Suite 500, South Building City State Zip Code Transaction ID: 20130725172230-51 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 1458.38 Other (specify) 250.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 36 OF Use separate schedule(s) (check only one) X 11a 11b 11c

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kristin Stewart Smoot Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20130808113728-50 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation **AHIP** Manager, Special Projects Receipt For: Aggregate Year-to-Date ▼ Primary General 291.62 Other (specify) Full Name (Last, First, Middle Initial) B. Kristin Stewart Smoot Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 31 2013 City State Zip Code Transaction ID: 20130725172230-52 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation **AHIP** Manager, Special Projects Receipt For: Aggregate Year-to-Date ▼ Primary General 291.62 Other (specify) Full Name (Last, First, Middle Initial) **c.** Randy Stuart Date of Receipt Mailing Address 3544 SW 105th St 07 18 2013 City State Zip Code Transaction ID: 29D83F4950EE49319317 FL Gainesville 32608-9558 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation SVP & CFO AvMed Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 541.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	d Statements may not be sold or used by any per the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pl	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Miriam Sullivan Mailing Address 241 Cedar Ave City Arlington FEC ID number of contributing federal political committee. Name of Employer Tufts Health Plan Receipt For: Primary General Other (specify)	State Zip Code MA 02476-7335 C Occupation AVP, Allied Health & Pharmacy Services Aggregate Year-to-Date ▼ 250.00	Date of Receipt 07
Full Name (Last, First, Middle Initial) Patricia Trebino Mailing Address 142 Manning St City Needham FEC ID number of contributing federal political committee. Name of Employer Tufts Health Plan Receipt For: Primary General Other (specify)	State Zip Code MA 02494-1541 C Occupation SVP of Operations, CIO Aggregate Year-to-Date ▼ 500.00	Date of Receipt 07 29 2013 Transaction ID: 303B831178E6489EA75C Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Claudia Tucker Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N.W. State Zip Code DC 20004 C Occupation Regional Director Aggregate Year-to-Date ▼ 700.00	Date of Receipt 07
SUBTOTAL of Receipts This Page (optional).	<u> </u>	800.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 38 OF 45 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Claudia Tucker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 31 City Zip Code State Transaction ID: 20130725172230-55 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2013 City State Zip Code Transaction ID: 20130808113728-55 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 1166.62 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 31 2013 City State Zip Code Transaction ID: 20130725172230-57 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 1166.62 Other (specify) 216.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Name of Employer

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR	R LINE	NU	IMBER	:	PAGE	39 OI	F	4
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for each category of the Detailed Summary Page		11a		11b		11c	12		
		13		14		15	16		٦1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) A. Barry Wagner Date of Receipt Mailing Address 4300 NW 89th Blvd 2013 City State Zip Code Transaction ID: 5FF9BB27488447F9BB3E FL 32606-5688 Gainesville Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Avmed Health Plans VP Claims & Service Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Steven Ziegler Date of Receipt Mailing Address 156 Dockside Cir 07 18 2013 City State Zip Code Transaction ID: 05AFD7A7B56E456DBCE2 FL Weston 33327-1100 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee.

Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) . Robert Zirkelbach		Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City	N.W. State Zip Code	07 15 2013 Transaction ID : 20130808113728-58
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period
Name of Employer America's Health Insurance Plans Receipt For: Primary General	Occupation Press Secretary Aggregate Year-to-Date ▼	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional).	1458.38	904.17

Occupation

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

Senior Vice President

FOR LINE NUMBER: PAGE 40 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Robert Zirkelbach Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 31 City Zip Code State Transaction ID: 20130725172230-60 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Press Secretary** Receipt For: Aggregate Year-to-Date ▼ Primary General 1458.38 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 104.17 SUBTOTAL of Receipts This Page (optional)..... 17164.60 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 41 OF 4				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	¬		or =	
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or for commercial purposes, other than using the na							3
NAME OF COMMITTEE (In Full)							
Americas Health Insurance Plans	PAC (AHIP PAC)						
Full Name (Last, First, Middle Initial)							
A. Citibank				Disburseme			
Mailing Address 1101 Pennsylvania Ave, NW			07	01	20	13	
11th Floor City	State Zip Code						
Washington	DC 20004		Transa	ction ID: 6	4A2BD954F	414C0B	BF3
Purpose of Disbursement Merchant Bankcard Fees		004					
Candidate Name		001	Amount	of Each Dis	sbursement	this Perio	od
		Category/ Type		-		31.74	
	ement For:						
Senate President	Primary General Other (specify) ▼						
State: District:	\						
Full Name (Last, First, Middle Initial)							
B. Citibank				Disburseme			
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor			07	10		13	
City Washington	State Zip Code DC 20004		Transa	ction ID : 6	FE91EE9E4	191341BI	D54
Purpose of Disbursement Merchant Bankcard Fees		001	Amount (of Each Dis	sbursement	this Perio	od
Candidate Name		Category/				31.74	П
Office Sought: House Disburse	ement For:	Type		7	-1	31.74	Ш.
Senate Disputse	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial) C.			Date of I	Disburseme	ent		
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Mailing Address							
City	State Zip Code						
Purpose of Disbursement							
			Amount	of Each Dis	sbursement	this Perio	od
Candidate Name		Category/ Type					П
Office Sought: House Disburse	ement For:	.,,,,		7	-		
Senate	Primary General						
State: District:	Other (specify) ▼						
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IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		24 25 26	
		Detailed Summary Page	27		28c 29 30b	
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	for commercial purposes, other than using the name					
\setminus	NAME OF COMMITTEE (In Full)	- 1.0 (11U 1.0)				
	Americas Health Insurance Plans F	PAC (AHIP PAC)				
_	Full Name (Last, First, Middle Initial)					
Α.	Bill Owens for Congress			Date of Disbursement		
	Mailing Address PO Box 1575			07 30	2013	
	City	State Zip Code		Transaction ID: 825	5C966D27BD207A69	
	Plattsburgh	NY 12901		Transaction iD . 625.	JC600D27BD307A06	
	Purpose of Disbursement 2014 Primary		011	Amount of Each Disbu	rsement this Period	
	Candidate Name		Category/		1000.00	
	William L. Owens Office Sought: House Disbursen	ment For: 2014	Туре	7	7	
		Primary General				
		Other (specify) ▼				
	State: NY District: 21					
_	Full Name (Last, First, Middle Initial)					
В.	Johnson for Congress			Date of Disbursement		
	Mailing Address PO Box 14496		07 30 2013			
	•	State Zip Code OH 44514		Transaction ID : 942	A28B802C5AEED25C	
	Purpose of Disbursement 2014 Primary		011	Amount of Each Disbu	rsement this Period	
	Candidate Name		Category/		1 1 1 1 1 1 1	
	Bill Johnson		Type		1000.00	
	Senate	nent For: 2014 Primary General Other (specify)				
	Full Name (Last, First, Middle Initial)					
C.	Mark Pocan for Congress			Date of Disbursement		
	Mailing Address PO Box 327		07 30	2013		
		State Zip Code WI 53701		Transaction ID : F41	8B679EF5ABDB7156	
	Madison Purpose of Disbursement 2014 Primary	WI 53701				
	Candidate Name		011	Amount of Each Disbu	rsement this Period	
	Mark Pocan	Category/ Type		1000.00		
		nent For: 2014	туре	7	7	
	Senate	Primary General Other (specify)				
_	State: WI District: 02					
5	SUBTOTAL of Disbursements This Page (optional)		<u> </u>		3000.00	
1	TOTAL This Period (last page this line number only)			7	7	

SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER: PAGE 43 OF 45				
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	v one)				
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Any information copied from such Reports and Star or for commercial purposes, other than using the n							
NAME OF COMMITTEE (In Full)							
Americas Health Insurance Plans	PAC (AHIP PAC)						
Full Name (Last, First, Middle Initial)			Date of Disbursement				
A. Mark Pryor for US Senate	Mark Pryor for US Senate						
Mailing Address PO Box 2720			07 24 2013				
City	State Zip Code						
Little Rock	AR 72203		Transaction ID: 04C6646D70D9C412795				
Purpose of Disbursement							
2014 Primary		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	1000.00				
Mark Lunsford Pryor Office Sought: House Disburs	sement For: 2014	Туре	1000.00				
Senate	Primary General						
President	Other (specify)						
State: AR District:							
Full Name (Last, First, Middle Initial)							
B. Rogers for Congress			Date of Disbursement				
			M = M / D = D / Y = Y = Y				
Mailing Address PO Box 581			07 08 2013				
City	State Zip Code		Transaction ID: 968D123D96CCE5F1D32				
Brighton Purpose of Disbursement	MI 48116-0581						
2014 Primary		011	Amount of Each Disbursement this Period				
Candidate Name		Category/					
Mike J. Rogers		Type	1000.00				
	sement For: 2014						
	Primary General						
President	Other (specify)						
State: MI District: 08							
Full Name (Last, First, Middle Initial)			Date of Disbursement				
C. Tiberi for Congress			M M / D D / Y Y Y Y				
Mailing Address 2931 E Dublin Granville Road			07 30 2013				
Suite 190							
City	State Zip Code		Transaction ID : AE2A98FDFB7E7801EC5				
Columbus Purpose of Disbursement	OH 43231-2098						
2014 Primary		011	Amount of Each Dishurance and this David				
Candidate Name			Amount of Each Disbursement this Period				
Patrick J. Tiberi		Category/ Type	1000.00				
Office Sought: House Disburs	sement For: 2014						
Senate	Primary General						
President	Other (specify) ▼						
State: OH District: 12							
			3000.00				
SUBTOTAL of Disbursements This Page (optional)	·····	3000.00				
TOTAL This Period (last page this line number on	lv)						
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 44 OF 45	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30	
Any information copied from such Reports and Staten	lents may not be sold or us				
or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
Americas Health Insurance Plans F	PAC (AHIP PAC)				
Full Name (Last, First, Middle Initial)					
A. Tom Reed for Congress			Date of Disbursemer		
Mailing Address PO Box 391			07 30	2013	
	State Zip Code		Transaction ID · 2F	39EADFB4637ED551C3	
Geneva	NY 14456-0391		Transaction ib . 21	33EADI B4037EB3310.	
Purpose of Disbursement 2014 Primary		011	Amount of Each Dish	oursement this Period	
Candidate Name		Category/		1000.00	
Thomas W. Reed II.		Type		1000.00	
	nent For: 2014 Primary General				
President	Other (specify)				
State: NY District: 23	, , , , ,				
Full Name (Last, First, Middle Initial)					
В.			Date of Disbursemer	nt	
NA :11: A 1.1			M = M / D = D	/ Y Y Y Y Y Y	
Mailing Address					
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Purpose of Disbursement			Assessment of Facility Dial	home and this Deviced	
Candidate Name			Amount of Each Dist	oursement this Period	
Candidate Name		Category/ Type	7	7	
Office Sought: House Disbursen	nent For:				
	Primary General				
President State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C.			Date of Disbursemer		
Mailing Address			M M / D D	/ Y Y Y Y	
City	State Zip Code				
Purpose of Disbursement	Т				
Turpose of Biobardonient	Purpose of Disdursement				
Candidate Name		Category/	Amount of Each Dist	oursement this Period	
Office Sought: House Disbursen	nent For:	Туре		7	
	Primary General				
	Other (specify) ▼				
State: District:					
				1000.00	
SUBTOTAL of Disbursements This Page (optional)		·····•		1000.00	
TOTAL This Period (last page this line number only)				7000.00	
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 45 OF 45
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the) (check on	(check only one)	
	Detailed Summary Page	21b		23 24 25 26
[27	X 28a	28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the national states of the state of the				
NAME OF COMMITTEE (In Full)				
Americas Health Insurance Plans	PAC (AHIP PAC)			
Full Name (Last, First, Middle Initial)				
A. Jean Knapp			Date of Disbursement	
Mailing Address 59 Hunter Ln			07	31 2013
City	State Zip Code		Transaction	on ID : CF613CDBC45E6B8162C
Lancaster	MA 01523-3041		Transacti	011 ID . GF013GDBG43E0B0102G
Purpose of Disbursement Refund		010	Amount of	Each Disbursement this Period
Candidate Name		Category/ Type		250.00
Office Sought: House Disburse	ment For:	1,700		
Senate	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B.			Date of Dis	bursement
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Mailing Address			L.	
City	State Zip Code			
Purpose of Disbursement			_	
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Candidate Name		Category/ Type		
Office Sought: House Disburse	ment For:	.,,,,	-	,
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) C.			Date of Dis	hursement
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Mailing Address				
City	State Zip Code			
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. 4.,5555 6. 2.654.65			Amount of	Each Disbursement this Period
Candidate Name		Category/ Type	7 anount of	Edon Biobardement this Foriog
Office Sought: House Disburse	ment For:	туре		, , , , , , , , , , , , , , , , , , , ,
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional).				250.00
55.5 M. S.				
TOTAL This Period (last page this line number only	·)			250.00