Image# 12951794340 PAGE 1 / 27

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORIWI SX F	For Other Than An A	Authorized Committe	е	Office Use O	nlv
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	g, type 12F	FE4M5	
Americas Health Insura	ance Plans PAC (A	AHIP PAC)			
ADDRESS (number and street)	601 Pennsylvania Avenu South Building, Suite 50				
Check if different than previously reported. (ACC)	Washington		DC	20004	
2. FEC IDENTIFICATION NU	JMBER ▼	CITY A	STATE	ZIP	CODE A
C C00106740	3.	IS THIS X N	EW I) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (C	Report Due On:	Mar 20 (M3) J	lay 20 (M5) un 20 (M6) ul 20 (M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31	PRE-Election Report for the		2C) S	Special (12S)	the ate of
Year-End Report (Y July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	n (d) 30-Day POST-Election Report for the	n General (30G		Runoff (30R)	Special (30S) the
5. Covering Period 04		2 through	M - M / C	30 / 2012	Y
certify that I have examined th	is Report and to the best	t of my knowledge and b	elief it is true, co	rrect and complete.	
Type or Print Name of Treasure	r Charles W. Stellar				
Signature of Treasurer Chara	les W. Stellar	[Electronically	Filed] Date	05 / D D D 18	2012
NOTE: Submission of false, errone	eous, or incomplete informa	ation may subject the pers	on signing this Re	port to the penalties of	of 2 U.S.C. §437g.
Office Use Only					ORM 3X 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 04 01 2012 To: 04 30 2012

		COLUMN A This Period			
6.	(a) Cash on Hand January 1, 2012		48849.69		
	(b) Cash on Hand at Beginning of Reporting Period	28438.73			
	(c) Total Receipts (from Line 19)	15270.71	77331.30		
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43709.44	126180.99		
7.	Total Disbursements (from Line 31)	1175.55	83647.10		
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42533.89	42533.89		
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			

X

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		04000.00		
(i) Itemized (use Schedule A)	9677.00	34683.60		
(ii) Unitemized	593.51	5647.50		
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	10270.51	40331.10		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	5000.00	35000.00		
(such as PACs)		3 333310		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry				
Totals to Line 33, page 5)	15270.51	75331.10		
Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
rarty committees	0.00			
. All Loans Received	0.00	0.00		
	7			
. Loan Repayments Received	0.00	0.00		
. Offsets To Operating Expenditures	7	5.00		
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
. Refunds of Contributions Made				
to Federal Candidates and Other				
Political Committees	0.00	2000.00		
. Other Federal Receipts				
(Dividends, Interest, etc.)	0.20	0.20		
. 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		
(a) Laviii i dilda (ilaiii dolladdia ila)	7			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
. Total Receipts (add Lines 11(d),				
12, 13, 14, 15, 16, 17, and 18(c))▶	15270.71	77331.30		
. Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	15270.71	77331.30		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		Total This Period				
1. O _l	perating Expenditures: Allocated Federal/Non-Federal Activity (from Schodule H4)		Calendar Year-to-Date			
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00			
	(i) I ederal offare					
	(ii) Non-Federal Share	0.00	0.00			
(b	, ,					
, ,	Expenditures	175.55	647.10			
(c)	Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	175.55	647.10			
Tr	ansfers to Affiliated/Other Party	170.00	047.10			
	ommittees	0.00	0.00			
Co	ontributions to ederal Candidates/Committees					
	nd Other Political Committees	1000.00	83000.00			
In	dependent Expenditures					
(u Co	se Schedule E) pordinated Party Expenditures	0.00	0.00			
(2	U.S.C. §441a(d)) se Schedule F)	0.00	2.22			
(u	se Schedule F)	0.00	0.00			
Lo	pan Repayments Made	0.00	0.00			
LC	an nepayments wave					
Lc	pans Made	0.00	0.00			
Re (a	efunds of Contributions To:) Individuals/Persons Other					
(α	Than Political Committees	0.00	0.00			
(b		0.00	0.00			
(c)		0.00	0.00			
	(such as PACs)	0.00				
(d) Total Contribution Refunds					
ζ	(add Lines 28(a), (b), and (c))▶	0.00	0.00			
Ot	ther Disbursements	0.00	0.00			
	'					
	ederal 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)	•	0.00	0.00			
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
To	ital Disbursements (add Lines 21(c), 22,					
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	1175.55	83647.10			
	,, = -, = 0, = 0, = 0, = 0, = 0, = 0, =	1170.00	63047.10			
To	tal Federal Disbursements					
(s	ubtract Line 21(a)(ii) and Line 30(a)(ii)					
fro	om Line 31)	1175.55	83647.10			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 LO 1 01111 3X (11ev. 02/2003)		r age 3		
III. Net Contributions/Operating Expenditures				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	15270.51	75331.10		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15270.51	75331.10		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	175.55	647.10		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
8. Net Operating Expenditures (subtract Line 37 from Line 36)	175.55	647.10		

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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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) Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 2012 City Zip Code State Transaction ID: 20120412173728-2 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 333.36 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 04 30 2012 City State Zip Code Transaction ID: 20120426142844-4 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 333.36 Other (specify) Full Name (Last, First, Middle Initial) Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 13 2012 City State Zip Code Transaction ID: 20120412173728-4 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 Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 833.36 Other (specify) 187.51 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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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) Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2012 City Zip Code State Transaction ID: 20120426142844-6 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 833.36 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 04 13 2012 City State Zip Code Transaction ID: 20120412173728-6 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 255.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rebecca Cole Date of Receipt Mailing Address 601 Pennsylvania Ave NW 04 25 2012 S Building, Suite 500 City Zip Code State Transaction ID: 11C79ECB69E3945A59E DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 5.00 С federal political committee. Name of Employer Occupation Public Affairs Manager America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 140.42 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

FOF	R LINE	NU	MBER	:R: PAGE			8	OF		27
(check only one)										
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	13		14		15		16	;		17

	he name and address of any political committee t	
NAME OF COMMITTEE (In Full)	·	
Americas Health Insurance Pla	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Rebecca Cole		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N	1.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building		04 30 2012
City Washington	State Zip Code DC 20004	Transaction ID : 20120426142844-8
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer	Occupation	1
America's Health Insurance Plans	Public Affairs Manager]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	255.00	
Full Name (Last, First, Middle Initial) 3. Gregory Dean		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N	I.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building		04 13 2012
City	State Zip Code	Transaction ID : 20120412173728-9
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	1
America's Health Insurance Plans	Executive Director Insurance Education]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N	4.W.	Date of Receipt
Suite 500, South Building		04 30 2012
City	State Zip Code	Transaction ID : 20120426142844-11
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	1
America's Health Insurance Plans	Executive Director Insurance Education]
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		156.25
TOTAL This Period (last page this line number	er only)	

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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) Katie Dunning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120412173728-11 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 333.36 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 04 30 2012 City State Zip Code Transaction ID: 20120426142844-13 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 333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 04 13 2012 Suite 500, South Building City State Zip Code Transaction ID: 20120412173728-12 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 1666.64 Other (specify) 291.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF 27 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 04 30 2012 City Zip Code State Transaction ID: 20120426142844-14 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 EVP, Policy and Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.64 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 04 13 2012 City State Zip Code Transaction ID: 20120412173728-13 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 **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 04 2012 Suite 500, South Building City State Zip Code Transaction ID: 20120426142844-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 270.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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	Detailed Summary Fage	13 14 15 16 17
Any information copied from such Reports and Sor for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plar	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Candy Gallaher		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building City	V. State Zip Code	04 13 2012
Washington	DC 20004	Transaction ID: 20120412173728-14 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	Vice President, State Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	333.36	
Other (specify) ▼	333.30	
Full Name (Last, First, Middle Initial) Candy Gallaher		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	I.	04 30 2012
City	State Zip Code	Transaction ID: 20120426142844-16
Washington	DC 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	Vice President, State Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	333.36	
Full Name (Last, First, Middle Initial)		Date of Respiret
Leanne Gassaway Mailing Address 601 Pennsylvania Avenue N.V	W.	Date of Receipt
Suite 500, South Building	v .	04 30 _ 2012 _
City	State Zip Code	Transaction ID : 20120426142844-17
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	27.08
Name of Employer	Occupation	
America's Health Insurance Plans	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	216.64	
Other (specify)	210.04	
SUBTOTAL of Receipts This Page (optional)		110.42
TOTAL This Period (last page this line number of	only)	

	FOF	PAGE	•	12 OF		27				
Use separate schedule(s)	(check only one)									
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and 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 2012 City Zip Code State Transaction ID: 20120412173728-18 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation Senior Associate Counsel, Special Proj America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 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 04 30 2012 City State Zip Code Transaction ID: 20120426142844-20 Washington DC 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 250.00

Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Donna Horoschak		Date of Receipt
Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500		04 16 2012
City Washington	State Zip Code DC 20004-2601	Transaction ID: 9CE96110E1F884A1FF2 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3000.00
Name of Employer	Occupation	
America's Health Insurance Plans	Senior Vice President, Product Policy	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3000.00	

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

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

FEC Schedule A (Form 3X) Rev. 02/2003

3062.50

	FOF	R LINE	NU	IMBER	PAGE	•	13 OI	F	27	
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		717

		atements may not be sold or used by any personame and address of any political committee to	
\	ME OF COMMITTEE (In Full) mericas Health Insurance Plan	s PAC (AHIP PAC)	
1 . Bu	ll Name (Last, First, Middle Initial) urt Hudson illing Address 601 Pennsylvania Avenue N.W		Date of Receipt
	Suite 500, South Building	7. 0.	04 13 2012
City	•	State Zip Code	Transaction ID : 20120412173728-19
	ashington	DC 20004	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	С	41.67
Nar	me of Employer	Occupation	
Am	nerica's Health Insurance Plans	Deputy Director, Client Learning Servi	
Red	ceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	333.36	
	ll Name (Last, First, Middle Initial) urt Hudson		Date of Receipt
Mai	illing Address 601 Pennsylvania Avenue N.W.		M = M / D = D / Y = Y = Y
Cit	Suite 500, South Building	04 30 2012	
City	y ashington	State Zip Code DC 20004	Transaction ID : 20120426142844-21
		20004	Amount of Each Receipt this Period
fed	C ID number of contributing leral political committee.	C	41.67
	me of Employer	Occupation	
	nerica's Health Insurance Plans	Deputy Director, Client Learning Servi	
Red	ceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	333.36	
	II Name (Last, First, Middle Initial)		Date of Receipt
	illing Address 601 Pennsylvania Avenue N.W Suite 500, South Building		04 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	,	State Zip Code	Transaction ID: 20120412173728-20
VV	ashington	DC 20004	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C	41.67
Nar	me of Employer	Occupation	
Am	nerica's Health Insurance Plans	Senior Vice President, Clinical Affair	
Red	ceipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	333.36	
SUB	TOTAL of Receipts This Page (optional)	>	125.01
TOTA	AL This Period (last page this line number o	nly) ▶	

	FOF	R LINE	NU	MBER	:	PAGE	· '	14 OF	27
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	×	11a		11b		11c		12	
,		13		14		15		16	17

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.	
Americas Health Insurance P	lans PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt	
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building		04 30 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 : 20120426142844-22 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 Receipt For:	Occupation Senior Vice President, Clinical Affair	_	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		
Full Name (Last, First, Middle Initial) Jeff Lemieux		Date of Receipt	
Suite 500, South Building	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		
City Washington	State Zip Code DC 20004	Transaction ID : 20120412173728-21 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	125.00	
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 ▼ 1000.00		
Full Name (Last, First, Middle Initial) Jeff Lemieux		Date of Receipt	
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		
City Washington	State Zip Code DC 20004	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	125.00	
Name of Employer America's Health Insurance Plans	Occupation Svp, Center for Health Policy & Resear		
Receipt For: Primary General Other (specify) Other	Aggregate Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional)		291.67	
TOTAL This Period (last page this line numb			

FOR LINE NUMBER: PAGE 15 OF 27 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) Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120412173728-22 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation Senior Director Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 817.52 Other (specify) Full Name (Last, First, Middle Initial) B. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Ave NW S Building, Suite 500 04 25 2012 City State Zip Code Transaction ID: FDF66F5BE05EE7769F3 DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Director Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 817.52 Other (specify) Full Name (Last, First, Middle Initial) c. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 04 2012 Suite 500, South Building City State Zip Code Transaction ID: 20120426142844-25 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation Senior Director Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 817.52 Other (specify) 192.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF 27 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) Joseph Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120412173728-29 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation General Counsel America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 833.36 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2012 City State Zip Code Transaction ID: 20120426142844-32 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 General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 833.36 Other (specify) Full Name (Last, First, Middle Initial) **c.** Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 13 2012 City State Zip Code Transaction ID: 20120412173728-30 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Senior Associate Counsel America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) 250.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 17 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC)	
Possint For:	Zip Code 20004 tion Associate Counsel ate Year-to-Date ▼	Date of Receipt M M M J 30 2012 Transaction ID: 20120426142844-33 Amount of Each Receipt this Period 41.67
Pagaint For:	Zip Code 20004 tion esident Product Policy ate Year-to-Date ▼ 833.36	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Possint For:	Zip Code 20004 tion esident Product Policy ate Year-to-Date ▼	Date of Receipt M M M / 30 2012 Transaction ID: 20120426142844-36 Amount of Each Receipt this Period 104.17
SUBTOTAL of Receipts This Page (optional)		250.01
TOTAL This Period (last page this line number only)		

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for each category of the Detailed Summary Page	X 11	а	11b		11c		12		
	13		14		15		16	Γ	

	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) Susan Pisano 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 Strategic Communication Aggregate Year-to-Date ▼ 1047.68	Date of Receipt 04 13 2012 Transaction ID: 20120412173728-34 Amount of Each Receipt this Period 130.47
Full Name (Last, First, Middle Initial) Susan Pisano 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 Strategic Communication Aggregate Year-to-Date ▼ 1047.68	Date of Receipt 04 30 2012 Transaction ID: 20120426142844-37 Amount of Each Receipt this Period 134.39
Full Name (Last, First, Middle Initial) Lawrence Platt 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 Aggregate Year-to-Date ▼ 666.64	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	<u> </u>	348.19
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 19 OF 27 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) Lawrence Platt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2012 City Zip Code State Transaction ID: 20120426142844-38 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 Director Receipt For: Aggregate Year-to-Date ▼ Primary General 666.64 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 13 2012 City State Zip Code Transaction ID: 20120412173728-36 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 166.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans SVP, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1333.36 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 04 2012 City State Zip Code Transaction ID: 20120426142844-39 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 166.67 С federal political committee. Name of Employer Occupation SVP, State Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1333.36 Other (specify) 416.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
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Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plan	s PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial) 1. Lisa Shreve		Date of Receipt	
Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building		04 13 2012	
City	State Zip Code	Transaction ID : 20120412173728-39	
Washington	DC 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, Professional Pr		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General	200.00		
Other (specify) ▼	333.36		
Full Name (Last, First, Middle Initial) Lisa Shreve		Date of Receipt	
-	Mailing Address 601 Pennsylvania Avenue N.W.		
Suite 500, South Building City	State Zip Code	04 30 2012	
Washington	DC 20004	Transaction ID: 20120426142844-42 Amount of Each Receipt this Period	
	2000	Amount of Lacif neceipt this relied	
FEC ID number of contributing federal political committee.	C	41.67	
Name of Employer	Occupation		
America's Health Insurance Plans	Senior Vice President, Professional Pr		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	333.36		
Full Name (Last, First, Middle Initial) C. Paul Skowronek		Date of Receipt	
Mailing Address 601 Pennsylvania Ave NW		M = M / D = D / Y = Y = Y	
South Building Suite 500	Olate 7'- Onle	04 25 2012	
City Washington	State Zip Code DC 20004-2601	Transaction ID: 16094A58C732B3AEDE5	
Washington	20004-2001	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	2500.00	
Name of Employer	Occupation		
America's Health Insurance Plans	State Advocacy		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General	2500.00		
Other (specify)	2500.00		
SUBTOTAL of Receipts This Page (optional)		2583.34	
TOTAL This Period (last page this line number of	nly)		

FOR LINE NUMBER: PAGE 21 27 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) Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120412173728-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation Executive V.P. America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 833.36 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 04 30 2012 City State Zip Code Transaction ID: 20120426142844-43 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 833.36 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Tuffin Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 13 2012 City State Zip Code Transaction ID: 20120412173728-42 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** Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.64 Other (specify) 416.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 22 OF 27 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) Michael Tuffin Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2012 City Zip Code State Transaction ID: 20120426142844-46 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** Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.64 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 04 13 2012 City State Zip Code Transaction ID: 20120412173728-44 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 666.64 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 04 2012 City State Zip Code Transaction ID: 20120426142844-48 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 666.64 Other (specify) 374.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NU	MBER:	PAGE	23 OF	27
Use separate schedule(s) for each category of the	(check only on	ie)			
Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	_{]16} [17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any personne 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 Plants	ans PAC (AHIP PAC)			
Full Name (Last, First, Middle Initial) A. Robert Zirkelbach	Robert Zirkelbach			
Mailing Address 601 Pennsylvania Avenue N	I.W.	M = M / D = D / Y = Y = Y = Y		
Suite 500, South Building City	State Zip Code	04 13 2012 Transaction ID : 20120412173728-46		
Washington	DC 20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	104.17		
Name of Employer	Occupation	-		
America's Health Insurance Plans	Press Secretary			
Receipt For:	Aggregate Year-to-Date ▼]		
Primary General Other (specify) ▼	833.36			
Full Name (Last, First, Middle Initial) Robert Zirkelbach		Date of Receipt		
Suite 500, South Building	, 0			
City Washington	State Zip Code DC 20004	Transaction ID : 20120426142844-50		
		Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	104.17		
Name of Employer America's Health Insurance Plans	Occupation			
Receipt For:	Press Secretary	_		
Primary General	Aggregate Year-to-Date ▼			
Other (specify) ▼	833.36			
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address		M = M / D = D / Y = Y = Y		
City	State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С			
Name of Employer	Occupation			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)	····	208.34		
TOTAL This Period (last page this line number	er only)	9677.00		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 OF 27 (check only one) 11a
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	and address of any political committee	
Daggiet For:		Date of Receipt 04 09 2012 Transaction ID: EA182B997426C018DFF Amount of Each Receipt this Period 5000.00
Possint For:	ate Zip Code upation regate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Possint For:	ate Zip Code upation regate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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

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

5000.00

5000.00

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 25 OF 27				
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	y one)			_
			Summary Page	X 21b	22	23	24 25	26
_				27	28a	28b	28c 29	30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam							
<u> </u>	NAME OF COMMITTEE (In Full)		. coo or any pomie	<u></u>				
$ \rangle$	Americas Health Insurance Plans F	PAC (Al	HIP PAC)					
<u></u>	Full Name (Last, First, Middle Initial)							
A.					Date o	f Disburse	ement	
					M = M	/ D	D / Y = Y = Y	I Y
	Mailing Address 1101 Pennsylvania Ave, NW				04	0	2 2012	
	11th Floor City S	State	Zip Code					
	Washington	DC	20004		Trans	action ID	: 4D03E1605222E	05AF4C
	Purpose of Disbursement				-			
	Merchant Service Fees			001	Amoun	t of Each	Disbursement this	Period
	Candidate Name			Category/			3	1.74
	Office Sought: House Disbursen	nent For		Туре		- 7	7	
		Primary	General					
	President	Other (spe	cify) 🔻					
	State: District:							
	Full Name (Last, First, Middle Initial)							
В.	Citibank				Date o	f Disburse	ement	
	Mailing Address 4404 D A. NIM				M = M	/ D		Y
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor				04	0	2012	
	City S Washington	State DC	Zip Code 20004		Trans	saction ID	: FC3B85F54E4E	0A89F90
	Purpose of Disbursement		20004					
	Merchant Bankcard Fees			001	Amoun	t of Each	Disbursement this	Period
	Candidate Name			Category/				33.62
	0/7			Type				55.02
	Office Sought: House Disbursen Senate	nent For: Primary	General					
		Other (spe						
	State: District:	Cc. (opc	o <i>y</i> ,					
_	Full Name (Last, First, Middle Initial)							
C.	Citibank				Date o	f Disburse	ement	
	-				M = M	/ D		Y
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor				04	1	0 2012	
		State	Zip Code		_			
	Washington	DC	20004		Trans	saction ID	: 87F35A5632416	B9E3F8
	Purpose of Disbursement Merchant Service Fees							
	Candidate Name			001	Amoun	t of Each	Disbursement this	Period
	Candidate Name			Category/ Type			3	1.74
	Office Sought: House Disbursen	nent For:		Турс		- 7	7	
	Senate	Primary	General					
	President	Other (spe	cify) 🔻					
	State: District:							
								7.10
L	GUBTOTAL of Disbursements This Page (optional)			·····•			9	7.10
١,	OTAL This Period (last page this line number only)							
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SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 26 OF 2			F 27	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(CITCON OIT	,				
	Detailed Summary Page	X 21b		23	24	25	26
Г		27	28a	28b	28c	29	30b
Any information copied from such Reports and Sta or for commercial purposes, other than using the n							
NAME OF COMMITTEE (In Full)							
Americas Health Insurance Plans	S PAC (AHIP PAC)						
Full Name (Last, First, Middle Initial)							
A. Citibank			Date of I	Disburseme		Y	Υ
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor			04	12	_ 20	12	
City	State Zip Code		T	ID - 0	CC404DE2	A C A A I	
Washington	DC 20004		Iransa	טו מסוז: 8	CC194BF3	ACAAI	EA69F/
Purpose of Disbursement PayPal test		001	Amount of	of Each Dis	bursement	this Po	eriod
Candidate Name		Category/				0.2	20
Office Sought: House Disburs	sement For:	Туре		7	7		
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)			Data of I	S'-1			
B. Citibank				Disburseme			
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor			04	27)12	Y
City Washington	State Zip Code DC 20004		Transa	ction ID : C	C79F9FD5	FB527	'56BC3
Purpose of Disbursement Credit Card fees		001	Amount o	of Each Dis	bursement	this Pe	eriod
Candidate Name		Category/				70	05
		Type		7		78.	25
Office Sought: House Disburs Senate	sement For: Primary General						
President	Primary General Other (specify) ▼						
State: District:	Carrette (openity)						
Full Name (Last, First, Middle Initial)							
C.			Date of I	Disburseme	nt		
Mailing Address			_ M = M	/ D D	/ Y Y	Y	Y
City	State Zip Code						
Purpose of Disbursement			-				
			Amount o	of Fach Dis	bursement	this Pe	eriod
Candidate Name		Category/ Type				-	
Office Sought: House Disburs	sement For:	· · · · · · · · · · · · · · · · · · ·		7	7		
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional)	·····		,	,	78.4	45
TOTAL This Period (last page this line number or	ly)	·····		,	,	175.5	55

SCHEDULE B (FEC Form 3X)	Hoo consusts as bridge (FOR LINE NUMBER: PAGE 27 OF 27						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	22 🗙 23	24 25 26				
Annal de la constant		27	28a 28b	28c 29 30				
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
Americas Health Insurance Plans F	PAC (AHIP PAC)							
Full Name (Last, First, Middle Initial)			Data of Dialaman					
Mailing Address PO Box 3171			Date of Disbursement					
			04 16 2012					
	State Zip Code		Transaction ID ·	2CCD919943B02B536C0				
Billings Purpose of Disbursement	MT 59103		Transaction is .	200001004000200000				
2012 Primary		011	Amount of Each D	isbursement this Period				
Candidate Name		Category/		1000.00				
Jon Tester	5	Туре		1000.00				
-	nent For: 2012 Primary General							
President	Other (specify)							
State: MT District:	(1)							
Full Name (Last, First, Middle Initial)								
В.			Date of Disbursem	ent				
Mailing Address	M M / D D	/ Y Y Y Y Y						
maining / todi 000								
City	State Zip Code							
Purpose of Disbursement								
Candidate Name Category/			Amount of Each Disbursement this Period					
Office County		Type						
Office Sought: House Disbursen Senate	nent For: Primary General							
	Other (specify)							
State: District:	- (-r -) / ▼							
Full Name (Last, First, Middle Initial)								
C.			Date of Disbursem	ent				
Mailing Address	M = M / D = D / Y = Y = Y							
mailing Address								
City	State Zip Code							
Purpose of Disbursement								
			Amount of Each D	isbursement this Period				
Candidate Name Category/								
Office Cought	ant Fam	Type		7				
Office Sought: House Disbursen Senate	nent For: Primary General							
	Other (specify)							
State: District:	· · · · · · · · · · · · · · · · · · ·							
'								
SUBTOTAL of Disbursements This Page (optional)				1000.00				
TOTAL THE DIRECT AND A STATE OF THE STATE OF				1000.00				
TOTAL This Period (last page this line number only)				1000.00				