

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street) 601 Pennsylvania Avenue, NW  
South Building, Suite 500  
Washington DC 20004  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00106740 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2012 through 04 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Charles W. Stellar

Signature of Treasurer Charles W. Stellar [Electronically Filed] Date 05 / 18 / 2012

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

**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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="48849.69"/>	<input type="text" value="48849.69"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28438.73"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="15270.71"/>	<input type="text" value="77331.30"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="43709.44"/>	<input type="text" value="126180.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1175.55"/>	<input type="text" value="83647.10"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="42533.89"/>	<input type="text" value="42533.89"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

**Americas Health Insurance Plans PAC (AHIP PAC)**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(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 (such as PACs).....	5000.00	35000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	15270.51	75331.10
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.20	0.20
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	15270.71	77331.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15270.71	77331.30

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	175.55	647.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	175.55	647.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	83000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1175.55	83647.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1175.55	83647.10

**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
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	15270.51	75331.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15270.51	75331.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	175.55	647.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	175.55	647.10

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A. Dianne Bricker</b>		Date of Receipt MM / DD / YYYY 04 / 13 / 2012 <b>Transaction ID : 20120412173728-2</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 41.67
City Washington	State DC	
Zip Code 20004	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 333.36
Name of Employer America's Health Insurance Plans	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dianne Bricker</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 <b>Transaction ID : 20120426142844-4</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 41.67
City Washington	State DC	
Zip Code 20004	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 333.36
Name of Employer America's Health Insurance Plans	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Yvonne Chanatry</b>		Date of Receipt MM / DD / YYYY 04 / 13 / 2012 <b>Transaction ID : 20120412173728-4</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 104.17
City Washington	State DC	
Zip Code 20004	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 833.36
Name of Employer America's Health Insurance Plans	Occupation Vice President, Marketing and Graphics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	187.51
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Vice President, Marketing and Graphics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.36**

Date of Receipt **04 / 30 / 2012**

**Transaction ID : 20120426142844-6**

Amount of Each Receipt this Period **104.17**

**B. Rebecca Cole**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Public Affairs Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **04 / 13 / 2012**

**Transaction ID : 20120412173728-6**

Amount of Each Receipt this Period **31.25**

**C. Rebecca Cole**  
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW  
S Building, Suite 500

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Public Affairs Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **04 / 25 / 2012**

**Transaction ID : 11C79ECB69E3945A59E**

Amount of Each Receipt this Period **5.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.42</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Rebecca Cole**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation Public Affairs Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : 20120426142844-8**  
 Amount of Each Receipt this Period  
 31.25

**B. Gregory Dean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation Executive Director Insurance Education  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2012  
**Transaction ID : 20120412173728-9**  
 Amount of Each Receipt this Period  
 62.50

**C. Gregory Dean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation Executive Director Insurance Education  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : 20120426142844-11**  
 Amount of Each Receipt this Period  
 62.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	156.25
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Katie Dunning**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation Regional Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 04 / 13 / 2012  
**Transaction ID : 20120412173728-11**  
 Amount of Each Receipt this Period  
 41.67

**B. Katie Dunning**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation Regional Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 04 / 30 / 2012  
**Transaction ID : 20120426142844-13**  
 Amount of Each Receipt this Period  
 41.67

**C. Daniel Durham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation EVP, Policy and Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt  
 04 / 13 / 2012  
**Transaction ID : 20120412173728-12**  
 Amount of Each Receipt this Period  
 208.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 291.67  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Daniel Durham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation EVP, Policy and Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 30 / 2012  
**Transaction ID : 20120426142844-14**  
 Amount of Each Receipt this Period 208.33

**B. Paul Eiting**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation Deputy Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 13 / 2012  
**Transaction ID : 20120412173728-13**  
 Amount of Each Receipt this Period 31.25

**C. Paul Eiting**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation Deputy Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : 20120426142844-15**  
 Amount of Each Receipt this Period 31.25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.83
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Candy Gallaher**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Vice President, State Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt  
**04 / 13 / 2012**  
Transaction ID : **20120412173728-14**

Amount of Each Receipt this Period  
**41.67**

**B. Candy Gallaher**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Vice President, State Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt  
**04 / 30 / 2012**  
Transaction ID : **20120426142844-16**

Amount of Each Receipt this Period  
**41.67**

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

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Regional Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.64**

Date of Receipt  
**04 / 30 / 2012**  
Transaction ID : **20120426142844-17**

Amount of Each Receipt this Period  
**27.08**

**SUBTOTAL** of Receipts This Page (optional)..... **110.42**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Joni Hong**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Associate Counsel, Special Proj

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 13 / 2012  
**Transaction ID : 20120412173728-18**

Amount of Each Receipt this Period  
31.25

**B. Joni Hong**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Associate Counsel, Special Proj

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 30 / 2012  
**Transaction ID : 20120426142844-20**

Amount of Each Receipt this Period  
31.25

**C. Donna Horoschak**  
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW  
South Building, Suite 500

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Vice President, Product Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
04 / 16 / 2012  
**Transaction ID : 9CE96110E1F884A1FF2**

Amount of Each Receipt this Period  
3000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3062.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Burt Hudson**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Deputy Director, Client Learning Servi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt  
**04 / 13 / 2012**  
Transaction ID : **20120412173728-19**

Amount of Each Receipt this Period  
**41.67**

**B. Burt Hudson**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Deputy Director, Client Learning Servi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt  
**04 / 30 / 2012**  
Transaction ID : **20120426142844-21**

Amount of Each Receipt this Period  
**41.67**

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

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Vice President, Clinical Affair

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt  
**04 / 13 / 2012**  
Transaction ID : **20120412173728-20**

Amount of Each Receipt this Period  
**41.67**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **125.01**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Vice President, Clinical Affair

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt **04 / 30 / 2012**

**Transaction ID : 20120426142844-22**

Amount of Each Receipt this Period **41.67**

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

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Svp, Center for Health Policy & Resear

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 13 / 2012**

**Transaction ID : 20120412173728-21**

Amount of Each Receipt this Period **125.00**

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

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Svp, Center for Health Policy & Resear

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 30 / 2012**

**Transaction ID : 20120426142844-24**

Amount of Each Receipt this Period **125.00**

**SUBTOTAL** of Receipts This Page (optional)..... **291.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Beth Leonard**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Director Public Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **817.52**

Date of Receipt  
04 / 13 / 2012  
**Transaction ID : 20120412173728-22**

Amount of Each Receipt this Period  
**104.17**

**B. Beth Leonard**  
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW  
S Building, Suite 500

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Director Public Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **817.52**

Date of Receipt  
04 / 25 / 2012  
**Transaction ID : FDF66F5BE05EE7769F3**

Amount of Each Receipt this Period  
**5.00**

**C. Beth Leonard**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Director Public Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **817.52**

Date of Receipt  
04 / 30 / 2012  
**Transaction ID : 20120426142844-25**

Amount of Each Receipt this Period  
**83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>192.50</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.36**

Date of Receipt  
**04 / 13 / 2012**

**Transaction ID : 20120412173728-29**

Amount of Each Receipt this Period  
**104.17**

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

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.36**

Date of Receipt  
**04 / 30 / 2012**

**Transaction ID : 20120426142844-32**

Amount of Each Receipt this Period  
**104.17**

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

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Associate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt  
**04 / 13 / 2012**

**Transaction ID : 20120412173728-30**

Amount of Each Receipt this Period  
**41.67**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.01</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Associate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt **04 / 30 / 2012**

**Transaction ID : 20120426142844-33**

Amount of Each Receipt this Period **41.67**

**B. Betsy Pelovitz**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Vice President Product Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.36**

Date of Receipt **04 / 13 / 2012**

**Transaction ID : 20120412173728-33**

Amount of Each Receipt this Period **104.17**

**C. Betsy Pelovitz**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Vice President Product Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.36**

Date of Receipt **04 / 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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Susan Pisano**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Vice President Strategic Communication

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1047.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2012  
**Transaction ID : 20120412173728-34**

Amount of Each Receipt this Period  
 130.47

**B. Susan Pisano**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Vice President Strategic Communication

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1047.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : 20120426142844-37**

Amount of Each Receipt this Period  
 134.39

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

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2012  
**Transaction ID : 20120412173728-35**

Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	348.19
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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) <b>A. Lawrence Platt</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 <b>Transaction ID : 20120426142844-38</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 83.33
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Occupation Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64

Full Name (Last, First, Middle Initial) <b>B. Mark Pratt</b>		Date of Receipt MM / DD / YYYY 04 / 13 / 2012 <b>Transaction ID : 20120412173728-36</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 166.67
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Occupation SVP, State Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.36

Full Name (Last, First, Middle Initial) <b>C. Mark Pratt</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 <b>Transaction ID : 20120426142844-39</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 166.67
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Occupation SVP, State Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.36

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Lisa Shreve**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Vice President, Professional Pr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt **04 / 13 / 2012**

**Transaction ID : 20120412173728-39**

Amount of Each Receipt this Period **41.67**

**B. Lisa Shreve**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Vice President, Professional Pr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt **04 / 30 / 2012**

**Transaction ID : 20120426142844-42**

Amount of Each Receipt this Period **41.67**

**C. Paul Skowronek**  
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW  
South Building Suite 500

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation State Advocacy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **04 / 25 / 2012**

**Transaction ID : 16094A58C732B3AEDE5**

Amount of Each Receipt this Period **2500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2583.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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) <b>A. Charles Stellar</b>		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20120412173728-40</b>
Name of Employer America's Health Insurance Plans		Amount of Each Receipt this Period
Occupation Executive V.P.		<input type="text" value="104.17"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="833.36"/>	

Full Name (Last, First, Middle Initial) <b>B. Charles Stellar</b>		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20120426142844-43</b>
Name of Employer America's Health Insurance Plans		Amount of Each Receipt this Period
Occupation Executive V.P.		<input type="text" value="104.17"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="833.36"/>	

Full Name (Last, First, Middle Initial) <b>C. Michael Tuffin</b>		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20120412173728-42</b>
Name of Employer America's Health Insurance Plans		Amount of Each Receipt this Period
Occupation Executive Vice President		<input type="text" value="208.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1666.64"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="416.67"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A. Michael Tuffin</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 <b>Transaction ID : 20120426142844-46</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 208.33
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Occupation Executive Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64

Full Name (Last, First, Middle Initial) <b>B. Mark Van Koeving</b>		Date of Receipt MM / DD / YYYY 04 / 13 / 2012 <b>Transaction ID : 20120412173728-44</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 83.33
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Occupation Executive Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64

Full Name (Last, First, Middle Initial) <b>C. Mark Van Koeving</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 <b>Transaction ID : 20120426142844-48</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 83.33
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Occupation Executive Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	374.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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) <b>A. Robert Zirkelbach</b>		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20120412173728-46</b>
Name of Employer America's Health Insurance Plans	Occupation Press Secretary	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="104.17"/>
	<input type="text" value="833.36"/>	

Full Name (Last, First, Middle Initial) <b>B. Robert Zirkelbach</b>		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20120426142844-50</b>
Name of Employer America's Health Insurance Plans	Occupation Press Secretary	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="104.17"/>
	<input type="text" value="833.36"/>	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text"/>
	<input type="text"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="208.34"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="9677.00"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 24 OF 27
<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. AMERIGROUP PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4425 Corporation Lane  
City Virginia Beach State VA Zip Code 23462  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 09 / 2012  
**Transaction ID : EA182B997426C018DFF**  
Amount of Each Receipt this Period  
5000.00

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

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

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

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Citibank**

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Merchant Service Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 4D03E1605222E05AF4C**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Merchant Bankcard Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : FC3B85F54E4E0A89F90**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Citibank**

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Merchant Service Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 87F35A5632416B9E3F8**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Citibank**

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
PayPal test

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 8CC194BF3ACAAEA69F7**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Credit Card fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : CC79F9FD5FB52756BC3**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Montanans for Tester

Mailing Address PO Box 3171

City Billings State MT Zip Code 59103

Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**Jon Tester**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2012

Transaction ID : 2CCD919943B02B536C0

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1000.00
---------

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

1000.00
---------