

**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="2013"/> | <input type="text" value="43551.88"/> | <input type="text" value="43551.88"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="21080.76"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="18556.04"/> | <input type="text" value="136002.90"/> |
| (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="39636.80"/> | <input type="text" value="179554.78"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="10153.18"/> | <input type="text" value="150071.16"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="29483.62"/> | <input type="text" value="29483.62"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY 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: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 18337.50 | 86772.98 |
| (ii) Unitemized | 218.54 | 9229.92 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 18556.04 | 96002.90 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 40000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 18556.04 | 136002.90 |
| 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 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 18556.04 | 136002.90 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 18556.04 | 136002.90 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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 | 153.18 | 821.16 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 153.18 | 821.16 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 10000.00 | 149000.00 |
| 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 | 250.00 |
| (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 | 250.00 |
| 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)) .. | 10153.18 | 150071.16 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 10153.18 | 150071.16 |

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) | 18556.04 | 136002.90 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 250.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 18556.04 | 135752.90 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 153.18 | 821.16 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 153.18 | 821.16 |

**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 42 |
| | <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) A. Jeremy Allen | | Date of Receipt MM / DD / YYYY 09 / 13 / 2013 Transaction ID : 2013092010729-2 |
| 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 | Aggregate Year-to-Date ▼ 1208.32 |
| Name of Employer Americas Health Insurance Plans | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Jeremy Allen | | Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : 20130924173731-2 |
| 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 | Aggregate Year-to-Date ▼ 1208.32 |
| Name of Employer Americas Health Insurance Plans | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Carmella Bocchino | | Date of Receipt MM / DD / YYYY 09 / 13 / 2013 Transaction ID : 2013092010729-3 |
| 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 | Aggregate Year-to-Date ▼ 3333.28 |
| Name of Employer America's Health Insurance Plans | Occupation Executive Vice President, Clinical Aff | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 374.99 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 42 |
| | <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 | |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Carmella Bocchino | | Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : 20130924173731-3 |
| 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 | | Aggregate Year-to-Date ▼ 3333.28 |
| Name of Employer America's Health Insurance Plans | Occupation Executive Vice President, Clinical Aff | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dianne Bricker | | Date of Receipt MM / DD / YYYY 09 / 13 / 2013 Transaction ID : 2013092010729-4 |
| 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 ▼ 750.06 |
| 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) C. Dianne Bricker | | Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : 20130924173731-4 |
| 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 ▼ 750.06 |
| 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) ▼ | | |

| | |
|--|--------|
| 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 8 OF 42 |
| <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 |

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

A. Kathleen Callanan
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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.28

Date of Receipt 09 / 13 / 2013
Transaction ID : 2013092010729-5

Amount of Each Receipt this Period 83.33

B. Kathleen Callanan
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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.28

Date of Receipt 09 / 30 / 2013
Transaction ID : 20130924173731-5

Amount of Each Receipt this Period 83.33

C. Winthrop Cashdollar
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 Product Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 09 / 13 / 2013
Transaction ID : 2013092010729-6

Amount of Each Receipt this Period 62.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 229.16

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 42 |
| | <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 | |

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

A. Winthrop Cashdollar
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 Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt
09 / 30 / 2013
Transaction ID : 20130924173731-6

Amount of Each Receipt this Period
62.50

B. 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 ▼
1875.06

Date of Receipt
09 / 13 / 2013
Transaction ID : 2013092010729-7

Amount of Each Receipt this Period
104.17

C. 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 ▼
1875.06

Date of Receipt
09 / 30 / 2013
Transaction ID : 20130924173731-7

Amount of Each Receipt this Period
104.17

SUBTOTAL of Receipts This Page (optional)..... ▶ 270.84

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 42 |
| | <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 | |

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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 Director, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **562.50**

Date of Receipt
09 / 13 / 2013

Transaction ID : 2013092010729-9

Amount of Each Receipt this Period
31.25

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 Director, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **562.50**

Date of Receipt
09 / 30 / 2013

Transaction ID : 20130924173731-9

Amount of Each Receipt this Period
31.25

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 ▼ **1125.00**

Date of Receipt
09 / 13 / 2013

Transaction ID : 2013092010729-12

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional)..... **125.00**

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 11 OF 42 |
| <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 |

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Gregory Dean | | Date of Receipt 09 / 30 / 2013 Transaction ID : 20130924173731-12 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Amount of Each Receipt this Period 62.50 |
| City Washington | State DC Zip Code 20004 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1125.00 |
| Name of Employer America's Health Insurance Plans | Occupation Executive Director Insurance Education | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mary Beth Donahue | | Date of Receipt 09 / 13 / 2013 Transaction ID : 2013092010729-14 |
| 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 | | Amount of Each Receipt this Period 3333.28 |
| Name of Employer America's Health Insurance Plans | Occupation Executive VP, Policy & Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mary Beth Donahue | | Date of Receipt 09 / 30 / 2013 Transaction ID : 20130924173731-14 |
| 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 | | Amount of Each Receipt this Period 3333.28 |
| Name of Employer America's Health Insurance Plans | Occupation Executive VP, Policy & Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 479.16 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 42 |
| | <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 |

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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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
09 / 13 / 2013

Transaction ID : 2013092010729-15

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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
09 / 30 / 2013

Transaction ID : 20130924173731-15

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 Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3749.94**

Date of Receipt
09 / 13 / 2013

Transaction ID : 2013092010729-16

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 13 OF 42 |
| | <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 |

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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 Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3749.94**

Date of Receipt
09 / 30 / 2013

Transaction ID : 20130924173731-16

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 ▼ **677.12**

Date of Receipt
09 / 13 / 2013

Transaction ID : 2013092010729-17

Amount of Each Receipt this Period
41.67

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 ▼ **677.12**

Date of Receipt
09 / 30 / 2013

Transaction ID : 20130924173731-17

Amount of Each Receipt this Period
41.67

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 14 OF 42 |
| | <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 | |

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

Full Name (Last, First, Middle Initial)
A. George Film

Mailing Address 5551 Crock St

City Louisville State OH Zip Code 44641-8783

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

Name of Employer AultCare Occupation AVP of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2013
Transaction ID : EF82C63978284AA59761

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Andrea Finley

Mailing Address 782 Crestland Ave SE

City North Canton State OH Zip Code 44720-3300

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

Name of Employer Aultcare Occupation AVP Compliance and Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2013
Transaction ID : 64BBE850F8904A3DB4C8

Amount of Each Receipt this Period
500.00

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2013
Transaction ID : 2013092010729-19

Amount of Each Receipt this Period
41.67

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1041.67 |
| 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 42 |
| | <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 | |

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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 Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
09 / 30 / 2013
Transaction ID : 20130924173731-19

Amount of Each Receipt this Period
41.67

B. 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 ▼ **487.44**

Date of Receipt
09 / 13 / 2013
Transaction ID : 2013092010729-20

Amount of Each Receipt this Period
27.08

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 ▼ **487.44**

Date of Receipt
09 / 30 / 2013
Transaction ID : 20130924173731-20

Amount of Each Receipt this Period
27.08

SUBTOTAL of Receipts This Page (optional)..... **95.83**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 42 |
| | <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 | |

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

A. Cynthia Goff
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 BlueCross and BlueShield of Minnesota Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **687.50**

Date of Receipt
09 / 13 / 2013

Transaction ID : 2013092010729-21

Amount of Each Receipt this Period
62.50

B. Cynthia Goff
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 BlueCross and BlueShield of Minnesota Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **687.50**

Date of Receipt
09 / 30 / 2013

Transaction ID : 20130924173731-21

Amount of Each Receipt this Period
62.50

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

Mailing Address 2600 6th St SW

City Canton State OH Zip Code 44710-1702

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

Name of Employer Aultcare Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
09 / 04 / 2013

Transaction ID : 441CCB1C0452425990C6

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **1125.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 42 |
| | <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 | |

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

Full Name (Last, First, Middle Initial)
A. Daniel Hilferty

Mailing Address 200 Stevens Dr

City Philadelphia State PA Zip Code 19113-1522

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

Name of Employer Independence BlueCross Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
09 / 19 / 2013
Transaction ID : EF490321C2484F94AA37

Amount of Each Receipt this Period
5000.00

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
562.50

Date of Receipt
09 / 13 / 2013
Transaction ID : 2013092010729-23

Amount of Each Receipt this Period
31.25

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
562.50

Date of Receipt
09 / 30 / 2013
Transaction ID : 20130924173731-23

Amount of Each Receipt this Period
31.25

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5062.50 |
| 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 18 OF 42 |
| | <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 |

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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 ▼ **750.06**

Date of Receipt
09 / 13 / 2013
Transaction ID : 2013092010729-24

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 ▼ **750.06**

Date of Receipt
09 / 30 / 2013
Transaction ID : 20130924173731-24

Amount of Each Receipt this Period
41.67

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

Mailing Address 601 Pennsylvania Ave NW
Suite 500, South Building

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 Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
09 / 25 / 2013
Transaction ID : F1A0F413C55347898A64

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **1083.34**

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 19 OF 42 |
| | <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 | |

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

| | | |
|---|------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Crystal Kuntz | | Date of Receipt 09 / 13 / 2013 Transaction ID : 2013092010729-27 |
| 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 | | Aggregate Year-to-Date ▼ 1083.29 |
| Name of Employer America's Health Insurance Plans | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Crystal Kuntz | | Date of Receipt 09 / 30 / 2013 Transaction ID : 20130924173731-27 |
| 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 | | Aggregate Year-to-Date ▼ 1083.29 |
| Name of Employer America's Health Insurance Plans | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Barbara Lardy | | Date of Receipt 09 / 13 / 2013 Transaction ID : 2013092010729-28 |
| 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 ▼ 750.06 |
| Name of Employer America's Health Insurance Plans | Occupation Senior Vice President, Clinical Affair | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 208.33 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 20 OF 42 |
| <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 |

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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 ▼ **750.06**

Date of Receipt **09 / 30 / 2013**

Transaction ID : 20130924173731-28

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 ▼ **2250.00**

Date of Receipt **09 / 13 / 2013**

Transaction ID : 2013092010729-29

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 ▼ **2250.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : 20130924173731-29

Amount of Each Receipt this Period **125.00**

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

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 42 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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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 ▼ 1499.94

Date of Receipt
 09 / 13 / 2013
Transaction ID : 2013092010729-30
 Amount of Each Receipt this Period
 83.33

B. 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 ▼ 1499.94

Date of Receipt
 09 / 30 / 2013
Transaction ID : 20130924173731-30
 Amount of Each Receipt this Period
 83.33

C. Holly Macmoran
 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 Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt
 09 / 13 / 2013
Transaction ID : 2013092010729-31
 Amount of Each Receipt this Period
 20.83

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 187.49 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 42 |
| | <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 | |

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

A. Holly Macmoran
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 Program Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.94**

Date of Receipt
09 / 30 / 2013
Transaction ID : 20130924173731-31

Amount of Each Receipt this Period
20.83

B. Amber Manko
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 Administrative Assistant, Federal Affa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt
09 / 13 / 2013
Transaction ID : 2013092010729-32

Amount of Each Receipt this Period
15.21

C. Amber Manko
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 Administrative Assistant, Federal Affa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt
09 / 30 / 2013
Transaction ID : 20130924173731-32

Amount of Each Receipt this Period
15.21

SUBTOTAL of Receipts This Page (optional)..... **51.25**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 42 |
| | <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 |

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

A. Debi Manning
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 of Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
09 / 13 / 2013
Transaction ID : 2013092010729-33

Amount of Each Receipt this Period
20.00

B. Debi Manning
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 of Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
09 / 30 / 2013
Transaction ID : 20130924173731-33

Amount of Each Receipt this Period
20.00

C. Thomas Meyers
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 Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
09 / 13 / 2013
Transaction ID : 2013092010729-36

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 42 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Thomas Meyers
 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 Product Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2013
Transaction ID : 20130924173731-36
 Amount of Each Receipt this Period 20.00

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 ▼ 1875.06

Date of Receipt 09 / 13 / 2013
Transaction ID : 2013092010729-37
 Amount of Each Receipt this Period 104.17

C. 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 ▼ 1875.06

Date of Receipt 09 / 30 / 2013
Transaction ID : 20130924173731-37
 Amount of Each Receipt this Period 104.17

SUBTOTAL of Receipts This Page (optional)..... ▶ 228.34
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 25 OF 42 |
| | <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 | |

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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 ▼ **979.19**

Date of Receipt
09 / 13 / 2013

Transaction ID : 2013092010729-38

Amount of Each Receipt this Period
62.50

B. 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 ▼ **979.19**

Date of Receipt
09 / 30 / 2013

Transaction ID : 20130924173731-38

Amount of Each Receipt this Period
62.50

C. Martin Mitchell Jr.
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 Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.94**

Date of Receipt
09 / 13 / 2013

Transaction ID : 2013092010729-40

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional)..... **145.83**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 42 |
| | <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 | |

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

A. Martin Mitchell Jr.
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 Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.94**

Date of Receipt
09 / 30 / 2013
Transaction ID : **20130924173731-40**

Amount of Each Receipt this Period
20.83

B. Teresa Mulligan
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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **262.44**

Date of Receipt
09 / 13 / 2013
Transaction ID : **2013092010729-8**

Amount of Each Receipt this Period
14.58

C. Teresa Mulligan
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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **262.44**

Date of Receipt
09 / 30 / 2013
Transaction ID : **20130924173731-8**

Amount of Each Receipt this Period
14.58

SUBTOTAL of Receipts This Page (optional)..... **49.99**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 42 |
| | <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 | |

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

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

Mailing Address 2600 6th St SW

City Canton State OH Zip Code 44710-1702

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

Name of Employer Aultcare Occupation Svp, Corporate Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 09 / 04 / 2013
Transaction ID : F81D6837FA60412A9D0D

Amount of Each Receipt this Period
500.00

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 ▼ **1875.06**

Date of Receipt
 09 / 13 / 2013
Transaction ID : 2013092010729-41

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 ▼ **1875.06**

Date of Receipt
 09 / 30 / 2013
Transaction ID : 20130924173731-41

Amount of Each Receipt this Period
104.17

SUBTOTAL of Receipts This Page (optional)..... **708.34**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 42 |
| | <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 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Lawrence Platt | | Date of Receipt 09 / 13 / 2013 Transaction ID : 2013092010729-43 |
| 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 ▼ 1499.94 |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Lawrence Platt | | Date of Receipt 09 / 30 / 2013 Transaction ID : 20130924173731-43 |
| 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 ▼ 1499.94 |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Mark Pratt | | Date of Receipt 09 / 13 / 2013 Transaction ID : 2013092010729-44 |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | Amount of Each Receipt this Period 125.00 |
| 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 | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2250.00 |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 291.66 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 42 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Mark Pratt
 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
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2250.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : 20130924173731-44
 Amount of Each Receipt this Period **125.00**

B. Ingrid Reeves
 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, Membership
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **374.94**

Date of Receipt **09 / 13 / 2013**
Transaction ID : 2013092010729-46
 Amount of Each Receipt this Period **20.83**

c. Ingrid Reeves
 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, Membership
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **374.94**

Date of Receipt **09 / 30 / 2013**
Transaction ID : 20130924173731-46
 Amount of Each Receipt this Period **20.83**

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 166.66 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 42 |
| | <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 | |

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

A. James Roosevelt Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 705 Mount Auburn St

City Watertown State MA Zip Code 02472-1508

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

Name of Employer Tufts Health Plan Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2013
Transaction ID : BF4F13D28620403EB8F4

Amount of Each Receipt this Period
 2000.00

B. James R. Savage
Full Name (Last, First, Middle Initial)

Mailing Address 500 Bachtel St SE

City North Canton State OH Zip Code 44720-3145

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

Name of Employer AultCare Occupation Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2013
Transaction ID : 04A587470AA04403994B

Amount of Each Receipt this Period
 500.00

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

Mailing Address 3371 Hadrian Cir NW

City Canton State OH Zip Code 44708-5915

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

Name of Employer Aultcare Occupation AVP, HR and Training

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2013
Transaction ID : 33A329E939904ED187F8

Amount of Each Receipt this Period
 500.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 32 OF 42 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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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 ▼ **750.06**

Date of Receipt
09 / 13 / 2013
Transaction ID : 2013092010729-47

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 ▼ **750.06**

Date of Receipt
09 / 30 / 2013
Transaction ID : 20130924173731-47

Amount of Each Receipt this Period
41.67

c. Charles Stellar
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 V.P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1875.06**

Date of Receipt
09 / 13 / 2013
Transaction ID : 2013092010729-49

Amount of Each Receipt this Period
104.17

SUBTOTAL of Receipts This Page (optional)..... ▶ **187.51**

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 33 OF 42 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Charles Stellar
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 V.P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1875.06

Date of Receipt
09 / 30 / 2013
Transaction ID : 20130924173731-49

Amount of Each Receipt this Period
104.17

B. Kristin Stewart Smoot
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 AHIP Occupation Manager, Special Projects

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.94

Date of Receipt
09 / 13 / 2013
Transaction ID : 2013092010729-50

Amount of Each Receipt this Period
20.83

C. Kristin Stewart Smoot
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 AHIP Occupation Manager, Special Projects

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.94

Date of Receipt
09 / 30 / 2013
Transaction ID : 20130924173731-50

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.83

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 42 |
| | <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 | |

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

A. Rachel Terry
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, Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **229.13**

Date of Receipt
09 / 13 / 2013

Transaction ID : 2013092010729-51

Amount of Each Receipt this Period
20.83

B. Rachel Terry
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, Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **229.13**

Date of Receipt
09 / 30 / 2013

Transaction ID : 20130924173731-51

Amount of Each Receipt this Period
20.83

C. Claudia Tucker
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 ▼ **900.00**

Date of Receipt
09 / 13 / 2013

Transaction ID : 2013092010729-53

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... **91.66**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 42 |
| | <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 | |

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

A. Claudia Tucker
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 ▼ **900.00**

Date of Receipt
09 / 30 / 2013

Transaction ID : 20130924173731-53

Amount of Each Receipt this Period
50.00

B. Kathleen Turner
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 Manager of Visual Communication

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
09 / 13 / 2013

Transaction ID : 2013092010729-54

Amount of Each Receipt this Period
12.50

C. Kathleen Turner
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 Manager of Visual Communication

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
09 / 30 / 2013

Transaction ID : 20130924173731-54

Amount of Each Receipt this Period
12.50

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 75.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 36 OF 42 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Mark Van Koevering
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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1499.94

Date of Receipt
09 / 13 / 2013
Transaction ID : 2013092010729-55

Amount of Each Receipt this Period
83.33

B. Mark Van Koevering
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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1499.94

Date of Receipt
09 / 30 / 2013
Transaction ID : 20130924173731-55

Amount of Each Receipt this Period
83.33

C. Brenda Weigel
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 Digital Media Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.81

Date of Receipt
09 / 13 / 2013
Transaction ID : 2013092010729-56

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 187.49

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 42 |
| | <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 | |

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

A. Brenda Weigel
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 Digital Media Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.81

Date of Receipt
09 / 30 / 2013
Transaction ID : 20130924173731-56

Amount of Each Receipt this Period
20.83

B. Tiffany Good Witmer
Full Name (Last, First, Middle Initial)

Mailing Address 508 Kurzen Rd N

City Dalton State OH Zip Code 44618-9214

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

Name of Employer AultCare Insurance Company Occupation Health Insurance Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 04 / 2013
Transaction ID : AB58C682EB5349898036

Amount of Each Receipt this Period
250.00

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

Mailing Address 7712 Diamondback Ave NW

City Canal Fulton State OH Zip Code 44614-8160

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

Name of Employer AultCare Insurance Company Occupation Health Insurance Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 04 / 2013
Transaction ID : 48BD7A71EB52484FAD8B

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 520.83

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 42 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Robert Zirkelbach
 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 Press Secretary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1875.06

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2013
Transaction ID : 2013092010729-58
 Amount of Each Receipt this Period
 104.17

B. Robert Zirkelbach
 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 Press Secretary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1875.06

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : 20130924173731-58
 Amount of Each Receipt this Period
 104.17

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

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

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 208.34 |
| TOTAL This Period (last page this line number only).....▶ | 18337.50 |

**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 |

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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 Bankcard Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2013

Transaction ID : 42E9FF818903B8947A4

Amount of Each Disbursement this Period

31.74

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

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2013

Transaction ID : 7C312E048640661CB2B

Amount of Each Disbursement this Period

31.74

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 Bankcard Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : 8648CDBA4B34087E736

Amount of Each Disbursement this Period

30.20

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

93.68

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 |

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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 Bankcard Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : FED6E575680468AE3FD

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 12312 Port Grace Boulevard

City La Vista State NE Zip Code 68128

Purpose of Disbursement
PayPal fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : V9A1E75EFCEBAECF2C8A

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 |

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

Full Name (Last, First, Middle Initial)

A. Brady for Congress

Mailing Address PO Box 8277

City the Woodlands State TX Zip Code 77387-8277

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name
Kevin Brady

Office Sought: House
 Senate
 President
State: TX District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 922A5966DBA69A315B2

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Castro for Congress

Mailing Address PO Box 544

City San Antonio State TX Zip Code 78292

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name
Joaquin Castro

Office Sought: House
 Senate
 President
State: TX District: 20

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9DE8A5A073647F41205

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Denham for Congress

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name
Jeffrey Denham

Office Sought: House
 Senate
 President
State: CA District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 0FC30169FCEFC9AB6C0

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 |

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

Full Name (Last, First, Middle Initial)

A. New Pioneers PAC

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2013 Contribution

011

Candidate Name

New Pioneers PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : 1F97CA9717DCB91F110

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Ron Barber for Congress

Mailing Address PO Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement
2014 Primary

011

Candidate Name

Ron Barber

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: AZ District: 02

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : FF2DDF9A51B244FA1BB

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

7000.00

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

10000.00