

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Americas Health Insurance Plans PAC (AHIP PAC)

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

2. **FEC IDENTIFICATION NUMBER** C00106740  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 08 01 2011 through 08 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Charles W. Stellar

Signature of Treasurer Electronically Filed by Charles W. Stellar Date 09 20 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		100661.07
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	64716.91									
(c) Total Receipts (from Line 19) .....	5910.46	161170.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	70627.37	261831.30								
7. Total Disbursements (from Line 31) .....	3564.02	194767.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	67063.35	67063.35								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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) .....	5611.78	95022.32
(ii) Unitemized .....	298.68	8647.91
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5910.46	103670.23
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	57500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	5910.46	161170.23
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 Transfer (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)) .....	5910.46	161170.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5910.46	161170.23

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	64.02	1017.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	64.02	1017.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	189000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	2250.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	3564.02	194767.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3564.02	194767.95

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) .....	5910.46	161170.23
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5910.46	161170.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	64.02	1017.95
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	64.02	1017.95

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

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

FOR LINE NUMBER: PAGE 6 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Robert Price Atkinson

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 Press Secretary

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 281.25

Date of Receipt: 08 / 15 / 2011  
**Transaction ID:** 20110811152428-1  
 Amount of Each Receipt this Period: 31.25

**B.** Full Name (Last, First, Middle Initial)  
Robert Price Atkinson

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 Press Secretary

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 281.25

Date of Receipt: 08 / 31 / 2011  
**Transaction ID:** 20110902111457-1  
 Amount of Each Receipt this Period: 31.25

**C.** Full Name (Last, First, Middle Initial)  
Gary Bacher

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 ▼ 2000.00

Date of Receipt: 08 / 15 / 2011  
**Transaction ID:** 20110811152428-2  
 Amount of Each Receipt this Period: 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 187.50

**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 7 / 33
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Gary Bacher	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 20110902111457-2
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Carmella Bocchino	Date of Receipt MM / DD / YYYY 08 / 15 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 20110811152428-3
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 208.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	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) ▼ Aggregate Year-to-Date ▼ 3333.28	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carmella Bocchino	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 20110902111457-3
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 208.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	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) ▼ Aggregate Year-to-Date ▼ 3333.28	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>541.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 33  
(check only one)

<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.**

Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-4
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
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) ▼	Aggregate Year-to-Date ▼ 666.72	

**B.**

Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110902111457-4
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
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) ▼	Aggregate Year-to-Date ▼ 666.72	

**C.**

Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-7
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation Vice President, Marketing and Graphics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.72	

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 33  
(check only one)

<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.**

Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110902111457-7
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation Vice President, Marketing and Graphics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.72	

**B.**

Full Name (Last, First, Middle Initial) Rebecca Cole		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-9
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Public Affairs Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 427.06	

**C.**

Full Name (Last, First, Middle Initial) Rebecca Cole		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110902111457-9
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Public Affairs Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 427.06	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>166.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 33  
(check only one)

<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.**

Full Name (Last, First, Middle Initial) Gregory Dean		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-12
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 62.50
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 ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Gregory Dean		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110902111457-12
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 62.50
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 ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Cynthia Depew		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-13
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Manager of Media Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.83
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 33
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Cynthia Depew		Date of Receipt
	Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110902111457-13
Name of Employer America's Health Insurance Plans		Occupation Manager of Media Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="333.28"/>	<input type="text" value="20.83"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Katie Dunning		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110811152428-15
Name of Employer America's Health Insurance Plans		Occupation Regional Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="666.72"/>	<input type="text" value="41.67"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Katie Dunning		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110902111457-15
Name of Employer America's Health Insurance Plans		Occupation Regional Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="666.72"/>	<input type="text" value="41.67"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="104.17"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 33  
(check only one)

<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.**

Full Name (Last, First, Middle Initial) Daniel Durham		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-16
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans	Occupation EVP, Policy and Regulatory Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1874.97	

**B.**

Full Name (Last, First, Middle Initial) Daniel Durham		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110902111457-16
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans	Occupation EVP, Policy and Regulatory Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1874.97	

**C.**

Full Name (Last, First, Middle Initial) Paul Eiting		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-17
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>447.91</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 33
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul Eiting	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 20110902111457-17
	City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 31.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation America's Health Insurance Plans Deputy Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Candy Gallaher	Date of Receipt MM / DD / YYYY 08 / 15 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 20110811152428-18
	City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation America's Health Insurance Plans Vice President, State Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

<b>C.</b>	Full Name (Last, First, Middle Initial) Candy Gallaher	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	<b>Transaction ID:</b> 20110902111457-18
	City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation America's Health Insurance Plans Vice President, State Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	114.59
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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 ▼ 433.28

Date of Receipt 08 / 15 / 2011  
Transaction ID: 20110811152428-19  
Amount of Each Receipt this Period 27.08

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

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 ▼ 433.28

Date of Receipt 08 / 31 / 2011  
Transaction ID: 20110902111457-19  
Amount of Each Receipt this Period 27.08

**C.** Full Name (Last, First, Middle Initial)  
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 ▼ 500.00

Date of Receipt 08 / 15 / 2011  
Transaction ID: 20110811152428-22  
Amount of Each Receipt this Period 31.25

**SUBTOTAL** of Receipts This Page (optional) ..... ► 85.41

**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 15 / 33  
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial) Joni Hong		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110902111457-22
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel, Special Proj	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Burt Hudson		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110811152428-24
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, Client Learning Servi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

**C.**

Full Name (Last, First, Middle Initial) Burt Hudson		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110902111457-23
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, Client Learning Servi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	114.59
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 33  
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial) Alethia Jackson		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-25
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.28	

**B.**

Full Name (Last, First, Middle Initial) Alethia Jackson		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110902111457-24
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.28	

**C.**

Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-27
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
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) ▼	Aggregate Year-to-Date ▼ 666.72	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>208.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 17 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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 Affairs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt: 08 / 31 / 2011  
**Transaction ID:** 20110902111457-26  
 Amount of Each Receipt this Period: 41.67

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 08 / 15 / 2011  
**Transaction ID:** 20110811152428-28  
 Amount of Each Receipt this Period: 125.00

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 08 / 31 / 2011  
**Transaction ID:** 20110902111457-27  
 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: PAGE 18 / 33  
(check only one)

<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.**

Full Name (Last, First, Middle Initial) Beth Leonard		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-29
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation Senior Director Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.72	

**B.**

Full Name (Last, First, Middle Initial) Beth Leonard		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110902111457-28
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation Senior Director Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.72	

**C.**

Full Name (Last, First, Middle Initial) Holly Macmoran		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-30
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Program Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	229.17
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 33  
(check only one)

<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.**

Full Name (Last, First, Middle Initial) Holly Macmoran		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110902111457-29
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Program Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

**B.**

Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-32
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer America's Health Insurance Plans	Occupation Director of Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

**C.**

Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110902111457-31
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer America's Health Insurance Plans	Occupation Director of Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>60.83</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 33
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Meyers		Date of Receipt MM / DD / YYYY 08 / 15 / 2011		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-35		
	City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer America's Health Insurance Plans		Occupation Executive Director Product Policy		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Meyers		Date of Receipt MM / DD / YYYY 08 / 31 / 2011		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110902111457-34		
	City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer America's Health Insurance Plans		Occupation Executive Director Product Policy		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph Miller		Date of Receipt MM / DD / YYYY 08 / 15 / 2011		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-37		
	City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 104.17	
	FEC ID number of contributing federal political committee. C				
	Name of Employer America's Health Insurance Plans		Occupation General Counsel		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1666.72		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	144.17
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 33  
(check only one)

<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.**

Full Name (Last, First, Middle Initial) Joseph Miller		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110902111457-36
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.72	

**B.**

Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-38
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

**C.**

Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110902111457-37
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

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

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

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

FOR LINE NUMBER: PAGE 22 / 33

(check only one)

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.		Date of Receipt																				
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	8		1	5		2	0	1	1													
	City	State	Zip Code																				
	Washington	DC	20004																				
FEC ID number of contributing federal political committee.		<b>C</b>	<b>Transaction ID:</b> 20110811152428-40																				
Name of Employer America's Health Insurance Plans		Occupation Director Product Policy	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.28	20.83																				

<b>B.</b>	Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.		Date of Receipt																				
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	8		3	1		2	0	1	1													
	City	State	Zip Code																				
	Washington	DC	20004																				
FEC ID number of contributing federal political committee.		<b>C</b>	<b>Transaction ID:</b> 20110902111457-39																				
Name of Employer America's Health Insurance Plans		Occupation Director Product Policy	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.28	20.83																				

<b>C.</b>	Full Name (Last, First, Middle Initial) Teresa Mulligan		Date of Receipt																				
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	8		1	5		2	0	1	1													
	City	State	Zip Code																				
	Washington	DC	20004																				
FEC ID number of contributing federal political committee.		<b>C</b>	<b>Transaction ID:</b> 20110811152428-8																				
Name of Employer America's Health Insurance Plans		Occupation Executive Director, Policy Research	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 233.28	14.58																				

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

56.24

**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 23 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Teresa Mulligan

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, Policy Research

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 233.28

Date of Receipt 08 / 31 / 2011  
Transaction ID: 20110902111457-8  
Amount of Each Receipt this Period 14.58

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.72

Date of Receipt 08 / 15 / 2011  
Transaction ID: 20110811152428-41  
Amount of Each Receipt this Period 104.17

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.72

Date of Receipt 08 / 31 / 2011  
Transaction ID: 20110902111457-40  
Amount of Each Receipt this Period 104.17

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 222.92

**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 24 / 33  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

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

**A.**

Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-42
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.47
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communication	Aggregate Year-to-Date ▼ 2087.52
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110902111457-41
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.47
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communication	Aggregate Year-to-Date ▼ 2087.52
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Lawrence Platt		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-43
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Director	Aggregate Year-to-Date ▼ 1333.28
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>344.27</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 25 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.28

Date of Receipt 08 / 31 / 2011  
Transaction ID: 20110902111457-42  
Amount of Each Receipt this Period 83.33

**B.** Full Name (Last, First, Middle Initial)  
Mark Pratt

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation SVP, State Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.03

Date of Receipt 08 / 15 / 2011  
Transaction ID: 20110811152428-44  
Amount of Each Receipt this Period 166.67

**C.** Full Name (Last, First, Middle Initial)  
Mark Pratt

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation SVP, State Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.03

Date of Receipt 08 / 31 / 2011  
Transaction ID: 20110902111457-43  
Amount of Each Receipt this Period 166.67

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 416.67

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

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

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

FOR LINE NUMBER: PAGE 26 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ingrid Reeves

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 ▼ 333.28

Date of Receipt: 08 / 15 / 2011  
**Transaction ID:** 20110811152428-46  
 Amount of Each Receipt this Period: 20.83

**B.** Full Name (Last, First, Middle Initial)  
Ingrid Reeves

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 ▼ 333.28

Date of Receipt: 08 / 31 / 2011  
**Transaction ID:** 20110902111457-45  
 Amount of Each Receipt this Period: 20.83

**C.** Full Name (Last, First, Middle Initial)  
Sue Rohan

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, Federal Programs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.28

Date of Receipt: 08 / 15 / 2011  
**Transaction ID:** 20110811152428-47  
 Amount of Each Receipt this Period: 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► 124.99

**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: PAGE 27 / 33  
(check only one)

<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.**

Full Name (Last, First, Middle Initial) Sue Rohan		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110902111457-46
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Programs	Aggregate Year-to-Date ▼ 1333.28
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Lisa Shreve		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-48
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Professional Pr	Aggregate Year-to-Date ▼ 666.72
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Lisa Shreve		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110902111457-47
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Professional Pr	Aggregate Year-to-Date ▼ 666.72
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>166.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 33  
(check only one)

<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.**

Full Name (Last, First, Middle Initial) Charles Stellar		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-49
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation Executive V.P.	Aggregate Year-to-Date ▼ 1666.72
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Charles Stellar		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110902111457-48
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation Executive V.P.	Aggregate Year-to-Date ▼ 1666.72
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-51
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President	Aggregate Year-to-Date ▼ 3333.28
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 33  
(check only one)

<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.**

Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110902111457-50
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.28	

**B.**

Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-53
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.28	

**C.**

Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110902111457-52
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.28	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 33  
(check only one)

<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.**

Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-54
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, State Publications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110902111457-53
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, State Publications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Robert Zirkelbach		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<b>Transaction ID:</b> 20110811152428-56
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation Press Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.72	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>166.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 31 / 33	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Zirkelbach		Date of Receipt		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		M M / D D / Y Y Y Y 08 / 31 / 2011		
	City Washington	State DC	Zip Code 20004	<b>Transaction ID:</b> 20110902111457-55	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 104.17		
	Name of Employer America's Health Insurance Plans		Occupation Press Secretary		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1666.72		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	104.17
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5611.78

**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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Citibank  Mailing Address 1101 Pennsylvania Ave, NW 11th Floor  City Washington State DC Zip Code 20004  Purpose of Disbursement Merchant Service Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> DB9AC94A728C35D1465 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 1 1	Amount of Each Disbursement this Period  31.74
<b>B.</b>	Full Name (Last, First, Middle Initial) Citibank  Mailing Address 1101 Pennsylvania Ave, NW 11th Floor  City Washington State DC Zip Code 20004  Purpose of Disbursement Merchant Service Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 02AE9D845FC3F4056AD <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 1	Amount of Each Disbursement this Period  0.54
<b>C.</b>	Full Name (Last, First, Middle Initial) Citibank  Mailing Address 1101 Pennsylvania Ave, NW 11th Floor  City Washington State DC Zip Code 20004  Purpose of Disbursement Merchant Service Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 31C68711FEBFCB07CB6 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 1 1	Amount of Each Disbursement this Period  31.74

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>64.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>64.02</b>



**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)

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<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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Continuing a Majority Party Action Committee (CAMPAC)</p>		<p><b>Transaction ID:</b> 0AA08CAD969882E5C1B <b>Date of Disbursement</b></p>
<p>Mailing Address 5915 Eastman Avenue Suite 100</p>		<p><input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2011"/></p>
<p>City Midland State MI Zip Code 48640</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>	
<p>Purpose of Disbursement 2011 Contribution</p>	<p><input type="text" value="011"/> Category/ Type</p>	
<p>Candidate Name Continuing a Majority Party Action Committee (CAMP- AC)</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	
<p><b>B.</b> Full Name (Last, First, Middle Initial) Graves for Congress</p>		<p><b>Transaction ID:</b> A82A39CCB58244736D6 <b>Date of Disbursement</b></p>
<p>Mailing Address 2345 Grand, Suite 2400</p>		<p><input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2011"/></p>
<p>City Kansas City State MO Zip Code 64108</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>	
<p>Purpose of Disbursement 2012 Primary</p>	<p><input type="text" value="011"/> Category/ Type</p>	
<p>Candidate Name Samuel B. Graves, Jr.</p>		
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06</p>	<p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

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

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