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### **FEC** FORM 3X

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Americas Health Insurance Plans PAC (AHIP PAC) 601 Pennsylvania Avenue, NW ADDRESS (number and street) South Building, Suite 500 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00106740 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 08 0 1 2011 8 0 3 1 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Charles W. Stellar Type or Print Name of Treasurer Electronically Filed by Charles W. Stellar 09 20 2011 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Americas Health Insurance Plans PAC (AHIP PAC) D D " D 08 0 1 2011 0.8 3 1 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011<sup>°</sup> 100661.07 January 1 (b) Cash on Hand at 64716.91 Begining of Reporting Period ..... 5910.46 161170.23 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 70627.37 261831.30 6(a) and 6(c) for Column B) ..... 3564.02 194767.95 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 67063.35 67063.35 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00

Schedule C and/or Schedule D) .....

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

### For further information contact:

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

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

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

М М 0 1 м°м 8 0 3 1 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 5611.78 95022.32 (i) Itemized (use Schedule A) ...... 298.68 8647.91 (ii) Unitemized ..... (iii) TOTAL (add 5910.46 103670.23 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 57500.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 5910.46 161170.23 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 5910.46 161170.23 12, 13, 14, 15, 16, 17, and 18(c)) ......

FE6AN026

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

DET 411 ED 0111414 DV D40E

5910.46

161170.23

### DETAILED SUMMARY PAGE

of Disbursements FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)		Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Operating Expenditures:		Caronaa Four to Date
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	2.02	0.00
(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	64.02	1017.05
(add 21(a)(i), (a)(ii) and (b))	04.02	1017.95
Committees	0.00	2500.00
Contributions to		2555.00
Federal Candidates/Committeesand Other Political Committees	3500.00	189000.00
Independent Expenditure	222	0.00
(use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
(use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
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
Other Disharane	0.00	2250.00
9. Other Disbursements	0.00	2230.00
0. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) III animi Chana	0.00	0.00
(ii) "Levin" Share		
(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
Elites 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3564.02	194767.95
20, 24, 20, 20, 21, 20(u), 28 and 30(c))	3001.02	101707.00
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	3564.02	194767.95
	3001.02	101137.00

### **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)	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
88.	Net Operating Expenditures (subtract Line 37 from Line 36)	64.02	1017.95

FE6AN026

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 33 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin	and Statements may not be sold or used by any person g the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Robert Price Atkinson		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E		08 15 2011
City	State Zip Code	Transaction ID: 20110811152428-1
Washington  FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period  31.25
Name of Employer America's Health Insurance Plans Receipt For: Primary General	Occupation Deputy Press Secretary Aggregate Year-to-Date ▼	
Other (specify) ▼	281.25	
Full Name (Last, First, Middle Initial) Robert Price Atkinson	·	Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E	Building	08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004	Transaction ID: 20110902111457-1
FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period  31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy Press Secretary	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 281.25	
Full Name (Last, First, Middle Initial) Gary Bacher		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20110811152428-2
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period  125.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (option	al)	187.50
TOTAL This Period (last page this line nur	nhar only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 33 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Americas Health Insurance Plans PAC	(AHIP PAC	<b>(2)</b>	
Δ.	Full Name (Last, First, Middle Initial) Gary Bacher  Mailing Address 601 Pennsylvania Ave	NI 14/		Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			08 31 2011
	City	State	Zip Code	Transaction ID: 20110902111457-2
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer America's Health Insurance Plans	Occupation Senior V	n ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
- 3.	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ing		08 / 15 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20110811152428-3
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer America's Health Insurance Plans		e Vice President, Clinical Aff	
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		3333.28	
- ).	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ing		08 / 31 / 2011
	City Washington	State DC	Zip Code 20004	Transaction ID: 20110902111457-3
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  208.33
	Name of Employer America's Health Insurance Plans	Occupation Executiv	n e Vice President, Clinical Aff	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 3333.28	
	SUBTOTAL of Receipts This Page (optional)			541.66
f	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 33 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		0 8 1 5 Y Y Y Y Y
City Washington	State Zip Code DC 20004	Transaction ID: 20110811152428-4  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Regional Director  Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	666.72	
Full Name (Last, First, Middle Initial) Dianne Bricker	NW	Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	uilding	08 08 7 2011
City Washington	State Zip Code DC 20004	Transaction ID: 20110902111457-4  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Regional Director	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 666.72	
Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		0 8 1 5 2 0 1 1
City Washington	State Zip Code DC 20004	Transaction ID: 20110811152428-7  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Vice President, Marketing and Graphi Aggregate Year-to-Date ▼	cs
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.72	
SUBTOTAL of Receipts This Page (optional	I)	187.51

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)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans Page 1	the name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Yvonne Chanatry  Mailing Address 601 Pennsylvania Av Suite 500, South Bui City		Zip Code	Date of Receipt    M   M   D   D   C   Y   Y   Y   Y   Y   Y   Y   Y   Y
Washington	DC	20004	Transaction ID: 20110902111457-7  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		104.17
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼		n dident, Marketing and Graph Year-to-Date ▼ 1666.72	nic\$
Full Name (Last, First, Middle Initial) Rebecca Cole Mailing Address 601 Pennsylvania Av	venue N.W		Date of Receipt
Suite 500, South Bui		Zip Code	08 15 2011
Washington	DC	20004	Transaction ID: 20110811152428-9  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation Public Aff	n fairs Manager	
Receipt For:  Primary General  Other (specify)	Aggregate	Year-to-Date ▼ 427.06	
Full Name (Last, First, Middle Initial) Rebecca Cole			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Bui			M M / D D / Y Y Y Y Y Y A A A A A A A A A A A A A
City Washington	State DC	Zip Code	Transaction ID: 20110902111457-9
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  31.25
Name of Employer America's Health Insurance Plans	Occupation Public Aff	rairs Manager	
Receipt For:  Primary General  Other (specify) ▼	'	Year-to-Date ▼ 427.06	
SUBTOTAL of Receipts This Page (optional)	)		166.67

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)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington		Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify)	Occupation Executive Director Insurance Education Aggregate Year-to-Date	62.50
Full Name (Last, First, Middle Initial) Gregory Dean  Mailing Address 601 Pennsylvania Ave Suite 500, South Build City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 20110902111457-12  Amount of Each Receipt this Period  62.50
Full Name (Last, First, Middle Initial) Cynthia Depew  Mailing Address 602 Pennsylvania Ave Suite 500, South Build City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		145.83

Any information copied from such Reports and S		Detailed Summary Page	X   11a   11b   11c   12   15   16   11
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAG	e name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Cynthia Depew Mailing Address 602 Pennsylvania Ave Suite 500, South Build City	ling State	Zip Code	Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
Washington  FEC ID number of contributing federal political committee.	C	20005	Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	<del>, '                                     </del>	of Media Relations  Year-to-Date ▼  333.28	]
Full Name (Last, First, Middle Initial) Katie Dunning  Mailing Address 601 Pennsylvania Ave Suite 500, South Build			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 20110811152428-15 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Regional Aggregate		]
Full Name (Last, First, Middle Initial) Katie Dunning			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		Zip Code	0 8 3 1 2 0 1 1 Transaction ID: 20110902111457-15
Washington FEC ID number of contributing	DC	20004	Amount of Each Receipt this Period
federal political committee.	Occupation		41.67
Name of Employer America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify) ▼	Regional		
SUBTOTAL of Receipts This Page (optional)			104.17

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 33 (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans P	d Statements may not be sold or used by any petter name and address of any political committee  AC (AHIP PAC)	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel Durham  Mailing Address 601 Pennsylvania A Suite 500, South Bu		Date of Receipt  0 8 1 5 2 0 1 1
City	State Zip Code	Transaction ID: 20110811152428-16
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation EVP, Policy and Regulatory Affairs Aggregate Year-to-Date  1874.97	S
Full Name (Last, First, Middle Initial) Daniel Durham Mailing Address 601 Pennsylvania A	venue N.W.	Date of Receipt
Suite 500, South Bu		08 31 2011
City	State Zip Code	Transaction ID: 20110902111457-16
Washington  FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period  208.33
Name of Employer America's Health Insurance Plans  Receipt For:  Primary General  Other (specify) ▼	Occupation EVP, Policy and Regulatory Affairs Aggregate Year-to-Date  1874.97	S
Full Name (Last, First, Middle Initial) Paul Eiting		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	ilding	08 15 2011
City Washington	State Zip Code DC 20004	Transaction ID: 20110811152428-17  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	)	447.91

NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAGE  Full Name (Last, First, Middle Initial) Paul Eiting  Mailing Address 601 Pennsylvania Ave Suite 500, South Build  City Washington	e name and address of any political committee to C (AHIP PAC) enue N.W.	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Americas Health Insurance Plans PAG  Full Name (Last, First, Middle Initial) Paul Eiting  Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington	enue N.W. ling State Zip Code DC 20004	0 8 3 1 2 0 1 1 Transaction ID: 20110902111457-17
Paul Eiting  Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington	State Zip Code DC 20004	0 8 3 1 2 0 1 1 Transaction ID: 20110902111457-17
Suite 500, South Build City Washington	State Zip Code DC 20004	0 8 3 1 2 0 1 1 Transaction ID: 20110902111457-17
Washington	DC 20004	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy Director	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Candy Gallaher		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		08 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code DC 20004	Transaction ID: 20110811152428-18
Washington  FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Vice President, State Policy	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	
Full Name (Last, First, Middle Initial) Candy Gallaher		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		08 31 2011
City Washington	State Zip Code DC 20004	Transaction ID: 20110902111457-18  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Vice President, State Policy	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	
SUBTOTAL of Receipts This Page (optional)		114.59

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 14 / 33 (check only one)
TI LIVIIZED TECLIF 13		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans Pa	AC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial)			
Leanne Gassaway  Mailing Address 601 Pennsylvania A			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Suite 500, South Bui	<u>ıldıng</u> State	Zip Code	Transaction ID: 20110811152428-19
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20007	27.08
Name of Employer	Occupation	n	_
America's Health Insurance Plans	Regional		
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		433.28	
Full Name (Last, First, Middle Initial) Leanne Gassaway			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20110902111457-1
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		27.08
Name of Employer America's Health Insurance Plans	Occupation Regional		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 433.28	
Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20110811152428-2
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation Senior As	n ssociate Counsel, Special Pr	roj
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		85.41

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

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 33 (check only one)  X 11a 11b 11c 12
Any in	formation copied from such Reports and commercial purposes, other than using the	Statements may	, ,	n for the purpose of soliciting contributions solicit contributions from such committee.
\ \	ME OF COMMITTEE (In Full) nericas Health Insurance Plans PA	C (AHIP PAC	;)	
	ll Name (Last, First, Middle Initial) ni Hong			Date of Receipt
	iling Address 601 Pennsylvania Ave Suite 500, South Build	ding	7: 0.1	0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit <u>W</u>	y ashington	State DC	Zip Code 20004	Transaction ID: 20110902111457-22  Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		31.25
<u>Pla</u>	me of Employer nerica's Health Insurance ans ceipt For: Primary General Other (specify)		n ssociate Counsel, Special Pre e Year-to-Date ▼ 500.00	oj
Bu	Il Name (Last, First, Middle Initial) rt Hudson illing Address 601 Pennsylvania Ave			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Cit	Suite 500, South Build	State	Zip Code	Transaction ID: 20110811152428-24
W	ashington	DC	20004	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		41.67
	me of Employer nerica's Health Insurance ans	Occupatio Deputy D	n Director, Client Learning Serv	i
Re	ceipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 375.03	
	Il Name (Last, First, Middle Initial) rt Hudson			Date of Receipt
Ma	iling Address 601 Pennsylvania Ave Suite 500, South Build			08 / 31 / 2011
Cit W	y ashington	State DC	Zip Code 20004	Transaction ID: 20110902111457-23  Amount of Each Receipt this Period
FE	C ID number of contributing leral political committee.	C		41.67
An <u>Pla</u>	me of Employer nerica's Health Insurance ans	<del>- ' ' '</del>	Director, Client Learning Serv	i_
He	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.03	
SUB	FOTAL of Receipts This Page (optional) .		<b>)</b>	114.59

Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC  Full Name (Last, First, Middle Initial) Alethia Jackson  Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General	name and address of any political committee to see (AHIP PAC)	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Americas Health Insurance Plans PAC  Full Name (Last, First, Middle Initial) Alethia Jackson  Mailing Address 601 Pennsylvania Average 500, South Buildi City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General	nue N.W. ing  State Zip Code DC 20004  C  Occupation Vice President, Federal Affairs  Aggregate Year-to-Date ▼  1333.28	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Alethia Jackson  Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General	State Zip Code DC 20004  C  Occupation Vice President, Federal Affairs  Aggregate Year-to-Date  1333.28	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 500, South Buildi City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General	State Zip Code DC 20004  C  Occupation Vice President, Federal Affairs  Aggregate Year-to-Date  1333.28	0 8 1 5 2 0 1 1  Transaction ID: 20110811152428-25  Amount of Each Receipt this Period
Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General	DC 20004  C  Occupation Vice President, Federal Affairs  Aggregate Year-to-Date ▼  1333.28	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General	Occupation Vice President, Federal Affairs  Aggregate Year-to-Date ▼  1333.28	
Plans Receipt For: Primary General	Vice President, Federal Affairs  Aggregate Year-to-Date ▼  1333.28	
Primary General	1333.28	
Other (specify) ▼	<u> </u>	
Full Name (Last, First, Middle Initial) Alethia Jackson		Date of Receipt
Mailing Address 601 Pennsylvania Avel Suite 500, South Buildi		08 31 2011
City Washington	State Zip Code DC 20004	Transaction ID: 20110902111457-24  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Affairs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.28	
Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi		08 15 2011
City Washington	State Zip Code DC 20004	Transaction ID: 20110811152428-27  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Clinical Affair	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	
SUBTOTAL of Receipts This Page (optional)		208.33

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 33 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	C)	
∠ A.	Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			08 31 2011
	City Washington	State DC	Zip Code 20004	Transaction ID: 20110902111457-26  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer America's Health Insurance Plans Receipt For: Primary General		n ice President, Clinical Affair e Year-to-Date ▼ 666.72	
- B.	Other (specify) ▼  Full Name (Last, First, Middle Initial)  Jeff Lemieux	0 0		Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			0 8 1 5 2 0 1 1
	City Washington	State DC	Zip Code 20004	Transaction ID: 20110811152428-28
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  125.00
	Name of Employer America's Health Insurance Plans	Occupation Svp, Cer	n nter for Health Policy & Resea	ar_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
- C.	Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			0 8
	City Washington	State DC	Zip Code 20004	Transaction ID: 20110902111457-27  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004	125.00
	Name of Employer America's Health Insurance Plans		nter for Health Policy & Resea	ar
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional)			291.67
F	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 33 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans I	nd Statements may not be sold or used by any pers g the name and address of any political committee t	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Beth Leonard		Date of Receipt
Suite 500, South B	uilding	08 / 15 / 2011
City <u>Washington</u>	State Zip Code DC 20004	Transaction ID: 20110811152428-29  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer America's Health Insurance Plans	Occupation Senior Director Public Affairs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.72	
Full Name (Last, First, Middle Initial) Beth Leonard	<b>I</b>	Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B		0 8 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	Transaction ID: 20110902111457-28	
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer America's Health Insurance	Occupation Senior Director Public Affairs	
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	1666.72	
Full Name (Last, First, Middle Initial) Holly Macmoran		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B		0 8 1 5 2 0 1 1
City Washington	State Zip Code DC 20004	Transaction ID: 20110811152428-3
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans	Occupation Program Manager	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.28	
	al)	229.17

ITEMIZED REG	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/33   (check only one)
Any information copied or for commercial purp	from such Reports and oses, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMI			areas are any pointed committee to	
Americas Health	Insurance Plans PA	AC (AHIP PAC	<del>;</del> )	
Full Name (Last, Fi Holly Macmoran	rst, Middle Initial)			Date of Receipt
	601 Pennsylvania Av Suite 500, South Bui			08 31 YYYYY 2011
City		State	Zip Code	Transaction ID: 20110902111457-29
Washington		DC	20004	Amount of Each Receipt this Period
FEC ID number of federal political con		C		20.83
Name of Employer America's Health Ir Plans	surance	Occupation Program	n Manager	
Receipt For:		Aggregate	Year-to-Date ▼	
Primary Other (specif	General √) ▼	0 0	333.28	
Full Name (Last, Fi	rst, Middle Initial)			Date of Receipt
	601 Pennsylvania Av Suite 500, South Bui			0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 20110811152428-32
Washington		DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			20.00	
Name of Employer America's Health In Plans	surance	Occupation Director	n of Human Resources	
Receipt For:	_		Year-to-Date <b>V</b>	
Primary Other (specif	General		320.00	
Full Name (Last, Fi	rst, Middle Initial)			Date of Receipt
Mailing Address	601 Pennsylvania Av Suite 500, South Bui			08 / 31 / Y Y Y Y Y
City		State	Zip Code	Transaction ID: 20110902111457-31
Washington		DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			20.00
Name of Employer America's Health In Plans	surance	Occupation Director	n of Human Resources	
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (specif	General ⁄) ▼		320.00	
				60.83

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 33 (check only one)    X   11a
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	AC (AHIP PAC	;)	
∠ 4.	Full Name (Last, First, Middle Initial) Thomas Meyers			Date of Receipt
-	Mailing Address 601 Pennsylvania Av Suite 500, South Buil			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20110811152428-35
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer America's Health Insurance	Occupatio	n e Director Product Policy	
	Plans Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼	7 iggi ogala	320.00	
- 3.	Full Name (Last, First, Middle Initial) Thomas Meyers			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil			08 31 2011
	City	State	Zip Code	Transaction ID: 20110902111457-34
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer America's Health Insurance Plans	Occupatio Executive	n e Director Product Policy	
	Receipt For:	_ '	Year-to-Date ▼	
	Primary General Other (specify) ▼		320.00	
- :.	Full Name (Last, First, Middle Initial) Joseph Miller			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil			08 / 15 / Y Y Y Y Y 2011
	City	State	Zip Code	Transaction ID: 20110811152428-37
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		104.17
	Name of Employer America's Health Insurance	Occupatio		
	Plans Receipt For:	General	Counsel • Year-to-Date ▼	$\dashv$
	Primary General	Aggregate		1
	Other (specify) ▼		1666.72	
	SUBTOTAL of Receipts This Page (optional)			144.17
-	CODITION OF TOO OFFICE THIS I age (Optional)			
	TOTAL This Period (last page this line number	er only)	<b>)</b>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 33 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans I	the name and addres	t be sold or used by any pers s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Joseph Miller  Mailing Address 601 Pennsylvania			Date of Receipt
Suite 500, South B	uilding State	Zip Code	0 8 3 1 2 0 1 1 Transaction ID: 20110902111457-36
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		104.17
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation General Cou Aggregate Yea		
Full Name (Last, First, Middle Initial) Julie Miller Mailing Address 601 Pennsylvania	Avenue N.W		Date of Receipt
Suite 500, South B			08 15 2011
City	State	Zip Code	Transaction ID: 20110811152428-38
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	1	ciate Counsel	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 666.72	
Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B	uilding		08 / 31 / Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 20110902111457-37  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004	41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Asso	ciate Counsel	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 666.72	
SUBTOTAL of Receipts This Page (optional	al)		187.51

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)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.  Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance	State DC  C Occupation	Zip Code 20004 n Product Policy	Date of Receipt  M M M D D D 20110811152428-40  Amount of Each Receipt this Period  20.83
Plans Receipt For:  Primary General Other (specify) ▼	<del>-  </del>	e Year-to-Date ▼  333.28	
Full Name (Last, First, Middle Initial)  Martin Mitchell, Jr.  Mailing Address 601 Pennsylvania Ave Suite 500, South Build  City  Washington  FEC ID number of contributing	State DC	Zip Code 20004	Date of Receipt  M M M / D D / Y Y Y Y Y  0 8 3 1 2 0 1 1  Transaction ID: 20110902111457-39  Amount of Each Receipt this Period
federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		n Product Policy e Year-to-Date ▼	20.83
Full Name (Last, First, Middle Initial) Teresa Mulligan  Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ding		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington  FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Transaction ID: 20110811152428-8  Amount of Each Receipt this Period  14.58
Name of Employer America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify) ▼	<del></del>	n e Director, Policy Research e Year-to-Date ▼ 233.28	
SUBTOTAL of Receipts This Page (optional) .			56.24

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 33 (check only one)  X 11a 11b 11c 12 13 14 15 16		
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions		
Full Name (Last, First, Middle Initial) Teresa Mulligan	·	Date of Receipt		
Mailing Address 601 Pennsylvania Suite 500, South B City	Building State Zip Code	0 8 3 1 2 0 1 1 Transaction ID: 20110902111457-8		
<u>Washington</u>	DC 20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	14.58		
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			
Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt		
Mailing Address 601 Pennsylvania Suite 500, South B	08 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	•			
Washington  FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period  104.17		
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			
Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt		
Mailing Address 601 Pennsylvania Suite 500, South B	Building	08 / 31 / Y Y Y Y Y Y		
City Washington	State Zip Code DC 20004	Transaction ID: 20110902111457-40		
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period  104.17		
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			
SURTOTAL of Receipts This Page (option	al)	222.92		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 33 (check only one)
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and State or for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans PAC	(AHIP PAC	5)	
Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
Mailing Address 601 Pennsylvania Aven Suite 500, South Buildir			08 15 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20110811152428-4
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		130.47
Name of Employer	Occupation	n	
America's Healfh Insurance Plans	Vice Pres	sident Strategic Communicat	tidn
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General		2087.52	
Other (specify)		2307.02	1
Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
Mailing Address 601 Pennsylvania Aven Suite 500, South Buildir			08 31 Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20110902111457-4
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		130.47
Name of Employer America's Health Insurance	Occupation	n Sident Strategic Communicat	tign
Plans Receipt For:		Year-to-Date <b>V</b>	
Primary General Other (specify) ▼	139.19	2087.52	
Full Name (Last, First, Middle Initial) Lawrence Platt			Date of Receipt
Mailing Address 601 Pennsylvania Aven Suite 500, South Buildir			0 8 1 5 Y Y Y Y
City	State	Zip Code	Transaction ID: 20110811152428-4
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance	Occupation	n	
Plans Receipt For:	Director	Year-to-Date ▼	$\dashv$
Primary General	Aggregate		1
Other (specify) ▼		1333.28	
			344.27

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 33 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans F	nd Statements may not be sold or used by any person the name and address of any political committee to PAC (AHIP PAC)	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lawrence Platt  Mailing Address 601 Pennsylvania A Suite 500, South Bu		Date of Receipt  0 8 3 1 2 0 1 1
City	State Zip Code	Transaction ID: 20110902111457-42
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Director	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.28	
Full Name (Last, First, Middle Initial) Mark Pratt		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	uilding	08 / 15 / 2011
City Washington	State Zip Code DC 20004	Transaction ID: 20110811152428-44
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period  166.67
Name of Employer America's Health Insurance Plans Receipt For:	Occupation SVP, State Affairs Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.03	
Full Name (Last, First, Middle Initial) Mark Pratt	<u> </u>	Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		08 / 01 / 2011
City Washington	State Zip Code DC 20004	Transaction ID: 20110902111457-43  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer America's Health Insurance Plans	Occupation SVP, State Affairs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.03	
SUBTOTAL of Receipts This Page (optional	J)	416.67

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 33 (check only one)    X	
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	Americas Health Insurance Plans PAC	C (AHIP PAC	;)		
	Full Name (Last, First, Middle Initial) Ingrid Reeves			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			08 15 2011	
	City Washington	State DC	Zip Code 20004	Transaction ID: 20110811152428-46	
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  20.83	
	Name of Employer America's Health Insurance Plans Receipt For:		n sident, Membership • Year-to-Date ▼		
	Primary General Other (specify) ▼	riggregate	333.28		
	Full Name (Last, First, Middle Initial) Ingrid Reeves	'		Date of Receipt	
		Suite 500, South Building			
	City	State	Zip Code	Transaction ID: 20110902111457-45	
	Washington  FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  20.83	
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Membership		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.28		
	Full Name (Last, First, Middle Initial) Sue Rohan			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			08 15 YYYY 2011	
	City Washington	State DC	Zip Code 20004	Transaction ID: 20110811152428-47	
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  83.33	
	Name of Employer America's Health Insurance Plans Receipt For:	, ·	sident, Federal Programs		
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1333.28	]	
S	UBTOTAL of Receipts This Page (optional)			124.99	

	ULE A (FEC Form 3) ED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one
Any informa	tion copied from such Reports ar	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	OF COMMITTEE (In Full)	THE HAITE AND AGE	dices of any pointed committee to	Solidit Contributions from Such Committees.
1 \	as Health Insurance Plans F	PAC (AHIP PAC	<b>C</b> )	
Full Nam Sue Roha	ne (Last, First, Middle Initial) an			Date of Receipt
Mailing A	Address 601 Pennsylvania A Suite 500, South Bu			08 31 2011
City		State	Zip Code	Transaction ID: 20110902111457-46
<u>Washir</u>	ngton	DC	20004	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		83.33
Name of America Plans	Employer 's Health Insurance	Occupatio Vice Pre	n sident, Federal Programs	
	For: imary General her (specify) ♥	Aggregate	e Year-to-Date ▼ 1333.28	
Full Nam	ne (Last, First, Middle Initial) eve			Date of Receipt
Mailing A	Address 601 Pennsylvania A Suite 500, South Bu			08 15 2011
City		State	Zip Code	Transaction ID: 20110811152428-48
<u>Washir</u>	ngton	DC	20004	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		41.67
Name of America Plans	Employer 's Health Insurance	Occupatio Senior V	n ice President, Professional P	'r
Receipt I	For:	Aggregate	e Year-to-Date ▼	
	mary General her (specify) ▼	1 1	666.72	
Full Nam	ne (Last, First, Middle Initial)			Date of Receipt
Mailing A	Address 601 Pennsylvania A Suite 500, South Bu	Avenue N.W. uilding		08 / 31 / Y Y Y Y Y
City		State	Zip Code	Transaction ID: 20110902111457-47
<u>Washir</u>	ngton	DC	20004	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		41.67
<u>Plans</u>	Employer 's Health Insurance	Occupatio Senior V	n ice President, Professional P	er en
Receipt		Aggregate	e Year-to-Date ▼	
	mary General her (specify) 🔻	0 0	666.72	
				166.67

ITEMIZED RE	A (FEC Form 3) ECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 28 / 33   (check only one)
Any information copi	ed from such Reports ar	nd Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COM	<u> </u>	osnon continuations from cach committee.		
<b>\</b>	th Insurance Plans F	PAC (AHIP PAC	5)	
Full Name (Last, Charles Stellar	First, Middle Initial)			Date of Receipt
Mailing Address	601 Pennsylvania A Suite 500, South Bu	08 / 05 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
City		State	Zip Code	Transaction ID: 20110811152428-49
Washington		DC	20004	Amount of Each Receipt this Period
FEC ID number of federal political co		C		104.17
Name of Employe America's Health Plans	er Insurance	Occupation Executive		
Receipt For: Primary	General	Aggregate	Year-to-Date ▼ 1666.72	1
Other (spec		0 0	0 0 0 0 0 0 0	
Charles Stellar	First, Middle Initial)	Date of Receipt		
Mailing Address	601 Pennsylvania A Suite 500, South Bu	08 08 7 2011		
City Washington		State DC	Zip Code 20004	Transaction ID: 20110902111457-48  Amount of Each Receipt this Period
FEC ID number of federal political co		C	20001	104.17
Name of Employe America's Health Plans	er Insurance	Occupation Executive		
Receipt For:		Aggregate	Year-to-Date <b>V</b>	
Primary Other (spec	☐ General	0 0	1666.72	
Full Name (Last, Michael Tuffin	First, Middle Initial)			Date of Receipt
Mailing Address	601 Pennsylvania A Suite 500, South Bu	Avenue N.W. uilding		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 20110811152428-51
Washington		DC	20004	Amount of Each Receipt this Period
FEC ID number of federal political co		C		208.33
Name of Employe America's Health Plans	er Insurance		e Vice President	
Receipt For:	Camazzi	Aggregate	Year-to-Date ▼	
Primary Other (spec	☐ General cify) ▼	0 0	3333.28	
				416.67

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports a	and Statements may not be sold or used by any	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	to to solidi contributions from such committee.	
Americas Health Insurance Plans	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	08 31 2011	
City	State Zip Code	Transaction ID: 20110902111457-50
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.28	
Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	08 15 2011	
City	State Zip Code	Transaction ID: 20110811152428-53
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance	Occupation Executive Director	
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1333.28	
Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B		0 8 3 1 Y Y Y Y Y
City	State Zip Code	Transaction ID: 20110902111457-52
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1333.28	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 30 / 33   (check only one)
Any information copied from such Repor	ts and Statements may sing the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Pla	ns PAC (AHIP PAC	)	
Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
Mailing Address 601 Pennsylvar Suite 500, Sout	08 15 2011		
City	State	Zip Code	Transaction ID: 20110811152428-54
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy D	irector, State Publications	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Daniel Vigil	L		Date of Receipt
Mailing Address 601 Pennsylvar Suite 500, Sout	08 / 31 / Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 20110902111457-53
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy D	n irector, State Publications	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Robert Zirkelbach			Date of Receipt
	nia Avenue N.W. h Building		0 8 1 5 2 0 1 1
City	State	Zip Code	Transaction ID: 20110811152428-56
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		104.17
Name of Employer America's Health Insurance Plans	Occupation Press Se		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1666.72	

A.

### **SCHEDULE A (FEC Form 3X)**

FOR LINE NUMBER: PAGE 31/33 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Robert Zirkelbach Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 8 0 31 2011 Suite 500, South Building City State Zip Code Transaction ID: 20110902111457-55 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 C federal political committee. Name of Employer America's Health Insurance Occupation Press Secretary Plans Receipt For: Aggregate Year-to-Date Primary General 1666.72 Other (specify)

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

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: PA (check only one)			PAGE 32/33
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	)	X 21b 27	22 28a	23 24 28b 28	3c 29 30
	ny Information copied from such Reports and State for commercial purposes, other than using the nar						
	NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC (A						
۸.	Full Name (Last, First, Middle Initial) Citibank					ion ID: DB9	9AC94A728C35D1
	Mailing Address 1101 Pennsylvania Ave	, NW			08	01	<sup>Y</sup> 20111
	City Washington	State Zip Code DC 20004			Amount o	of Each Disbu	rsement this Period
	Purpose of Disbursement Merchant Service Fees Candidate Name O01 Category/			L		31.74	
		sement For: Primary Genera Other (specify) ▼		Type			
	Full Name (Last, First, Middle Initial) Citibank				Date of D	isbursement	E9D845FC3F405
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor				08 08 7 03 7 2011		
	City Washington	State Zip Code DC 20004			Amount o	Amount of Each Disbursement this Pe	
	Purpose of Disbursement Merchant Service Fees Candidate Name			001		0 0	0.54
	Candidate Name			Category/ Type	y/ 		
	Office Sought: House Disburs Senate President State: District:	sement For: Primary Genera Other (specify) ▼	I				
	Full Name (Last, First, Middle Initial) Citibank				Date of D	isbursement	68711FEBFCB07
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor				08 7 0 1 0 7 2 0 1 1		
	City Washington	State Zip Code DC 20004			Amount o	of Each Disbu	rsement this Period
	Purpose of Disbursement Merchant Service Fees Candidate Name			001 Category/			31.74
	Office Sought: House Senate President State: District:	sement For: Primary Genera Other (specify)	 	Type			
S	SUBTOTAL of Disbursements This Page (optional	)					64.02
	OTAL This Period (last page this line number only						64.02
٠.	2 1 1 2 1 1 1 2 1 2 1 2 2 1 1 2 1 1 2	, ·······					

	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER: PAGE 33/33
Γ	ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one)  22 X 23 24 25 26 28a 28b 28c 29 30b
	Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (Ah	HIP PAC)		
Α.	Full Name (Last, First, Middle Initial) Continuing a Majority Party Action Commi	ttee (CAMPAC)		Transaction ID: 0AA08CAD969882E5C1E Date of Disbursement
	Mailing Address 5915 Eastman Avenue Suite 100			08
	City Midland	State Zip Code MI 48640		Amount of Each Disbursement this Period
	Purpose of Disbursement 2011 Contribution Candidate Name		011	2500.00
	Continuing a Majority Party Action Commi	,	Category/ Type	
	Senate	ement For: 2011 Primary General Other (specify) ▼		
-	Full Name (Last, First, Middle Initial)	ulion		
В.	Graves for Congress			Transaction ID: A82A39CCB58244736D6 Date of Disbursement
	Mailing Address 2345 Grand, Suite 2400			08
	City Kansas City	State Zip Code MO 64108		Amount of Each Disbursement this Period
	Purpose of Disbursement 2012 Primary		011	1000.00
	Candidate Name Samuel B. Graves, Jr.		Category/ Type	
	X	ment For: 2012 Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	3500.00
TOTAL This Period (last page this line number only)	•	3500.00

State: MO

District: 06