Image# 12972701444 PAGE 1 / 37

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	Office Use Only		
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, ty over the lines.	pe 12FE4M5
Americas Health Insura	ance Plans PAC (Al	HIP PAC)	
ADDRESS (number and street)	601 Pennsylvania Avenue	e, NW	
Check if different	South Building, Suite 500		
than previously reported. (ACC)	Washington		DC 20004 -
2. FEC IDENTIFICATION NU	MBER ▼	CITY A	STATE ▲ ZIP CODE ▲
C C00106740	3.	IS THIS REPORT X NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	eb 20 (M2) May 2	O (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) O (M6) Sep 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:			(Non-Election Year Only)
April 15 Quarterly Report (Q	1)	pr 20 (M4) Jul 20	
July 15 Quarterly Report (Q	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	E) Elec	tion on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	·	tion on	in the State of
5. Covering Period 09	01 2012		09 30 2012
I certify that I have examined thi	s 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 Charl	es W. Stellar	[Electronically Filed	Date 10 / 16 / 2012
NOTE: Submission of false, errone	ous, or incomplete informat	tion may subject the person si	gning 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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 09 01 2012 To: 09 30 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		48849.69
	(b) Cash on Hand at Beginning of Reporting Period	34673.15	
	(c) Total Receipts (from Line 19)	12441.10	140761.78
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47114.25	189611.47
7.	Total Disbursements (from Line 31)	18623.88	161121.10
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28490.37	28490.37
).	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	4722.14	78401.82
(ii) Unitemized	218.96	7859.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	, 4941.10	86261.58
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	7500.00	52500.00
(such as PACs)	7000.00	52500.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	40444.40	120764 50
Totals to Line 33, page 5)▶	12441.10	138761.58
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	2000.00
. Other Federal Receipts	7	
(Dividends, Interest, etc.)	0.00	0.20
. Transfers from Non-Federal and Levin Funds	7	7 7
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(0.00
(I) I = 1 = 5 = 1 = ((= = 0 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	12441.10	140761.78
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	12441.10	140761.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I Ollow	Calelidai Teal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	7	0.00
Expenditures	123.88	1171.10
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	123.88	1171.10
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to	0.00	
Federal Candidates/Committees and Other Political Committees	18500.00	161000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use conedule : /:		
Loan Repayments Made	0.00	0.00
T M. I	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
i i		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	-1050.00
Other Disbursements	0.00	1000.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(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	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18623.88	161121.10
Table 1 at 182		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	18623.88	161121.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	12441.10	138761.58	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12441.10	138761.58	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	123.88	1171.10	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	123.88	1171.10	

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

OF

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120917103729-2 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation VP, Federal Affairs Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 458.37 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 28 2012 City State Zip Code Transaction ID: 20120926115227-2 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Americas Health Insurance Plans VP, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 458.37 Other (specify) Full Name (Last, First, Middle Initial) c. Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 14 2012 City State Zip Code Transaction ID: 20120917103729-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) 125.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

	FOR	I LINE	PAGE		/	U			
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for each category of the Detailed Summary Page	×	11a		11b		11c		12	
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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120926115227-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 09 18 2012 City State Zip Code Transaction ID: 9498D27D287CC5563FC DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 14 2012 City State Zip Code Transaction ID: 20120917103729-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) 645.84 SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 8 OF

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Any information copied from such Reports and	d Statements ma	av not be sold or used by any no	13 erson for the		ose of	15 solicitina	16 contribut	17 ions
or for commercial purposes, other than using								
NAME OF COMMITTEE (In Full)	D.4.0 (A L II D D A O)						
Americas Health Insurance Pl	ans PAC (AHIP PAC)						
Full Name (Last, First, Middle Initial)			5 .					
Yvonne Chanatry Mailing Address 601 Pennsylvania Avenue	N1 \A/		Date o					
Suite 500, South Building	IN.VV.		09	'	28	/ Y	2012	Y
City	State	Zip Code		sactio		2012092	6115227-	7
Washington	DC	20004	Amoun	t of E	Each Re	eceipt thi	is Period	
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federal political committee.					7	7		
Name of Employer	Occupation							
America's Health Insurance Plans	Vice Presid	ent, Marketing and Graphics						
Receipt For: Primary General	Aggregate	Year-to-Date ▼	_					
Other (specify)		1875.06						
			1					
Full Name (Last, First, Middle Initial)			F .					
Rebecca Cole	.1.14/		Date o		ceipt			
Mailing Address 601 Pennsylvania Avenue I Suite 500, South Building	N.VV.		09	'	14	/ Y	2012	Y
City	State	Zip Code		actio		20120917	7103729-	•
Washington	DC	20004	Amoun	t of E	Each Re	eceipt thi	is Period	
FEC ID number of contributing federal political committee.	С				,	-	31.	25
Name of Employer	Occupation							
America's Health Insurance Plans	Public Affai	rs Manager						
Receipt For: Primary General	Aggregate	Year-to-Date ▼						
Other (specify)		567.50						
		, , , , , , , , , , , , , , , , , , , ,	-					
Full Name (Last, First, Middle Initial) C. Rebecca Cole			Date o	f Red	ceipt			
Mailing Address 601 Pennsylvania Avenue	N.W.		М = М		D D	/ Y	YY	Υ
Suite 500, South Building	Stata	Zin Codo	09		28	004055	2012	
City Washington	State DC	Zip Code 20004					6115227- is Period	9
FEC ID number of contributing			, 1110411	. 51 1		Joseph din		05
federal political committee.	C				,	-	31	.25
Name of Employer	Occupation		\dashv					
America's Health Insurance Plans	Public Affai	rs Manager						
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		567.50	1					
Curior (opoony)		7						
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FOR LINE NUMBER: PAGE 9 OF 37 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120917103729-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 28 2012 City State Zip Code Transaction ID: 20120926115227-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) c. Katie Dunning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 14 2012 City State Zip Code Transaction ID: 20120917103729-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) 166.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE 10 OF	37
Use separate schedule(s) for each category of the	(check only one)	44 🗀 40	
Detailed Summary Page	X 11a 11b 14	11c 12 16]17

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Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3749.94	
Full Name (Last, First, Middle Initial) . Daniel Durham		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City	W. State Zip Code	09 28 2012 Transaction ID: 20120926115227-15
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer	Occupation	
America's Health Insurance Plans	EVP, Policy and Regulatory Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3749.94	
SUBTOTAL of Receipts This Page (optional)		458.33

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

FOR LINE NUMBER: PAGE 11 37 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120917103729-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 28 2012 City State Zip Code Transaction ID: 20120926115227-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) Full Name (Last, First, Middle Initial) c. Candy Gallaher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 14 2012 City State Zip Code Transaction ID: 20120917103729-17 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, State Policy Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) 104.17 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF 37 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Candy Gallaher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120926115227-18 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Vice President, State Policy America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) Full Name (Last, First, Middle Initial) B. Leanne Gassaway Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 14 2012 City State Zip Code Transaction ID: 20120917103729-18 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 27.08 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 487.44 Other (specify) Full Name (Last, First, Middle Initial) c. Leanne Gassaway Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 28 2012 City State Zip Code Transaction ID: 20120926115227-19 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 27.08 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 487.44 Other (specify) 95.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF 37 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 14 OF 37 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Joni Hong Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120926115227-22 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel, Special Proj Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) Full Name (Last, First, Middle Initial) B. Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 2012 14 City State Zip Code Transaction ID: 20120917103729-22 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Client Learning Servi Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) Full Name (Last, First, Middle Initial) c. Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 09 28 2012 Suite 500, South Building City State Zip Code Transaction ID: 20120926115227-23 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Client Learning Servi Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) 114.59 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF 37 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Barbara Lardy Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120917103729-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Clinical Affair Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) Full Name (Last, First, Middle Initial) B. Barbara Lardy Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 28 2012 City State Zip Code Transaction ID: 20120926115227-25 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Clinical Affair Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) Full Name (Last, First, Middle Initial) Jeff Lemieux Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 14 2012 City State Zip Code Transaction ID: 20120917103729-26 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Svp, Center for Health Policy & Resear Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) 208.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE 16 OF	
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NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Jeff Lemieux Mailing Address 601 Pennsylvania Avenue N.' Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	W. State Zip Code DC 20004 C Occupation Svp, Center for Health Policy & Resear Aggregate Year-to-Date ▼ 2250.00	Date of Receipt 09 28 2012 Transaction ID : 20120926115227-27 Amount of Each Receipt this Period 125.00
Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania Avenue N.V. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N. State Zip Code DC 20004 C Occupation Senior Director Public Affairs Aggregate Year-to-Date ▼ 1650.82	Date of Receipt 09 14 2012 Transaction ID: 20120917103729-27 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	W. State Zip Code DC 20004 C Occupation Senior Director Public Affairs Aggregate Year-to-Date ▼ 1650.82	Date of Receipt 99 28 2012 Transaction ID: 20120926115227-28 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional)	•	291.66
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 17 OF 37 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Holly Macmoran Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120917103729-28 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Program Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 374.94 Other (specify) Full Name (Last, First, Middle Initial) B. Holly Macmoran Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 28 2012 City State Zip Code Transaction ID: 20120926115227-29 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Program Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 374.94 Other (specify) Full Name (Last, First, Middle Initial) c. Amber Manko Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 14 2012 City State Zip Code Transaction ID: 20120917103729-29 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 15.21 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Administrative Assistant, Federal Affa Receipt For: Aggregate Year-to-Date ▼ Primary General 273.78 Other (specify) 56.87 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and a or for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Amber Manko Mailing Address 601 Pennsylvania Avenue N.	NA/	Date of Receipt
Suite 500, South Building	vv.	09 28 2012
City	State Zip Code	Transaction ID : 20120926115227-30
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.21
Name of Employer	Occupation	
America's Health Insurance Plans	Administrative Assistant, Federal Affa	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	273.78	
Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.	W.	M = M / D = D / Y = Y = Y
Suite 500, South Building City	State Zip Code	09 14 2012
Washington	DC 20004	Transaction ID: 20120917103729-30 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	Occupation Director of Human Resources	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) C. Debi Manning		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building		09 28 2012
City	State Zip Code DC 20004	Transaction ID : 20120926115227-31
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
America's Health Insurance Plans	Director of Human Resources	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
SUBTOTAL of Receipts This Page (optional)	•	55.21
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Thomas Meyers Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120917103729-33 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Thomas Meyers Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 28 2012 City State Zip Code Transaction ID: 20120926115227-34 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joseph Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 14 2012 City State Zip Code Transaction ID: 20120917103729-34 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 С federal political committee. Name of Employer Occupation General Counsel America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) 144.17 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 20 OF 37 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Joseph Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120926115227-35 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation General Counsel America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) Full Name (Last, First, Middle Initial) B. Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 14 2012 City State Zip Code Transaction ID: 20120917103729-35 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) Full Name (Last, First, Middle Initial) **c.** Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 28 2012 City State Zip Code Transaction ID: 20120926115227-36 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Senior Associate Counsel America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) 187.51 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 21 37 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Martin Mitchell Jr. Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120917103729-37 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director Product Policy Receipt For: Aggregate Year-to-Date ▼ Primary General 374.94 Other (specify) Full Name (Last, First, Middle Initial) B. Martin Mitchell Jr. Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 28 2012 City State Zip Code Transaction ID: 20120926115227-38 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 374.94 Other (specify) Full Name (Last, First, Middle Initial) c. Teresa Mulligan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 14 2012 City State Zip Code Transaction ID: 20120917103729-8 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 14.58 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Director, Policy Research Receipt For: Aggregate Year-to-Date ▼ Primary General 262.44 Other (specify) 56.24 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 22 OF 37 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Teresa Mulligan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120926115227-8 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 14.58 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Director, Policy Research Receipt For: Aggregate Year-to-Date ▼ Primary General 262.44 Other (specify) Full Name (Last, First, Middle Initial) B. Betsy Pelovitz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 14 2012 City State Zip Code Transaction ID: 20120917103729-38 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Product Policy Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) Full Name (Last, First, Middle Initial) c. Betsy Pelovitz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 09 28 2012 Suite 500, South Building City State Zip Code Transaction ID: 20120926115227-39 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Product Policy Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) 222.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 23 OF 37 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Susan Pisano Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120917103729-39 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 134.39 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Strategic Communication Receipt For: Aggregate Year-to-Date ▼ Primary General 2391.58 Other (specify) Full Name (Last, First, Middle Initial) B. Susan Pisano Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 28 2012 City State Zip Code Transaction ID: 20120926115227-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 134.39 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Strategic Communication Receipt For: Aggregate Year-to-Date ▼ Primary General 2391.58 Other (specify) Full Name (Last, First, Middle Initial) c. Lawrence Platt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 14 2012 Suite 500, South Building City State Zip Code Transaction ID: 20120917103729-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Director Receipt For: Aggregate Year-to-Date ▼ Primary General 1499.94 Other (specify) 352.11 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE 24 OF 37
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Detailed Summary Page	X 11a 11b	11c 12

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Lawrence Platt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120926115227-41 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director Receipt For: Aggregate Year-to-Date ▼ Primary General 1499.94 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 14 2012 City State Zip Code Transaction ID: 20120917103729-41 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans SVP, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2583.36 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 09 28 2012 Suite 500, South Building Zip Code City State Transaction ID: 20120926115227-42 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation

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2583.36

SVP, State Affairs

Aggregate Year-to-Date ▼

America's Health Insurance Plans

Other (specify)

General

Receipt For:

Primary

FOR LINE NUMBER: PAGE 25 OF 37 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120917103729-43 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation Vice President, Membership America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 374.94 Other (specify) Full Name (Last, First, Middle Initial) B. Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 28 2012 City State Zip Code Transaction ID: 20120926115227-44 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Membership Receipt For: Aggregate Year-to-Date ▼ Primary General 374.94 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 14 2012 City State Zip Code Transaction ID: 20120917103729-44 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Senior Vice President, Professional Pr America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) 83.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 26 OF 37 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120926115227-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Professional Pr Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) Full Name (Last, First, Middle Initial) B. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 14 2012 City State Zip Code Transaction ID: 20120917103729-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) Full Name (Last, First, Middle Initial) c. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 09 28 2012 Suite 500, South Building City State Zip Code Transaction ID: 20120926115227-46 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) 250.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 27 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kristin Stewart Smoot Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120917103729-46 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation **AHIP** Manager, Special Projects Receipt For: Aggregate Year-to-Date ▼ Primary General 229.13 Other (specify) Full Name (Last, First, Middle Initial) B. Kristin Stewart Smoot Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 28 2012 City State Zip Code Transaction ID: 20120926115227-47 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation **AHIP** Manager, Special Projects Receipt For: Aggregate Year-to-Date ▼ Primary General 229.13 Other (specify) Full Name (Last, First, Middle Initial) c. Claudia Tucker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 09 14 2012 Suite 500, South Building City State Zip Code Transaction ID: 20120917103729-48 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 91.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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\setminus	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (A	AHIP PAC)						
A.	Full Name (Last, First, Middle Initial) Claudia Tucker Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	0 Tra	nsactio	28 on ID : 2		2012 26115227-4 nis Period 50.0	-
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Regional Di Aggregate	rector Year-to-Date ▼ 400.00						
3.	Full Name (Last, First, Middle Initial) Kathleen Turner Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	State DC C Occupation Web Media	Zip Code 20004 Production Manager Year-to-Date ▼	0 Tra	9 Insactio	14 on ID : 2		2012 7103729-4 nis Period 12.5	
С.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Kathleen Turner Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building		, 225.00	Date		ceipt 28	/ Y	y y y 2012	Y
	City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Zip Code 20004 Production Manager Year-to-Date ▼ 225.00					26115227-5 nis Period 12.	
s	SUBTOTAL of Receipts This Page (optional))		75.0	00
T	OTAL This Period (last page this line number o	nly)	•			,	,		

	FOR LINE NUMBER:	PAGE 29 OF	37
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for each category of the Detailed Summary Page	X 11a 11b	11c 12	
,	13 14	15 16	

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.	W.	M = M / D = D / Y = Y = Y = Y
Suite 500, South Building City	State Zip Code	09 14 2012 Transaction ID : 20120917103729-50
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1499.94	
Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.	W.	M M / D D / Y Y Y Y Y
Suite 500, South Building City	State Zip Code	09 28 2012
Uity Washington	DC 20004	Transaction ID : 20120926115227-51 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1499.94	
Full Name (Last, First, Middle Initial) C. Robert Zirkelbach		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building		09 14 2012
City	State Zip Code	Transaction ID: 20120917103729-52
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer	Occupation	
America's Health Insurance Plans	Press Secretary	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1875.06	
Omer (specify) ▼	1875.06	
SUBTOTAL of Receipts This Page (optional)	>	270.83
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 30 OF (check only one) X 11a 11b 12 11c

37 Use separate schedule(s) for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Robert Zirkelbach Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120926115227-53 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Press Secretary** Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 104.17 SUBTOTAL of Receipts This Page (optional)..... 4722.14 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 31 OF 37
TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and 9 or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Genworth Financial Inc Political Action	n Committe	ee	Date of Receipt
Mailing Address 6620 W. Broad Street	01-1-	7.0.1	09 28 2012
City	State VA	Zip Code	Transaction ID : EB6AA86D4AB03B99630
Richmond	VA	23230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0404194	2500.00
Name of Employer	Occupation	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	00 0		1
Other (specify) ▼		2500.00	
Full Name (Last, First, Middle Initial)	:::!	· O:	
3. Trustmark Insurance Company Poli	itical Action	Committee (TRUSTPAC)	Date of Receipt
Mailing Address 400 Field Drive			M = M / D = D / Y = Y = Y
City	State	Zip Code	09 24 2012 Target in ID 005555005000000000000000000000000000
Lake Forrest	IL	60045	Transaction ID : C3FFFE86FDD252713DB Amount of Each Receipt this Period
FEC ID number of contributing		00010	Amount of Each neceipt this Period
federal political committee.		0156166	5000.00
Name of Employer	Occupation	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		5000.00	1
Other (specify) ▼		5000.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation	1	
Pagaint For:			
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)			1
Citici (Specify)		7	1
SUBTOTAL of Receipts This Page (optional)			7500.00

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

7500.00

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SC	CHEDULE B (FEC Form 3X)				NII II AD				DAGE	- 32	OF	37
ITEMIZED DISBURSEMENTS		Use sepa		LINE NUMBER: PAGE 32 OF 37 ck only one)						51		
11	I LIVIIZED DISBURSENIEN IS		for each category of the					22 23 24 25				
		Detailed S	Summary Page	X 21b	28		28b		28c	29	H	26 30b
Λ	ly information copied from such Reports and Staten	l nonte mass =	not be sold as					of a			utions	
	for commercial purposes, other than using the nam											
<u> </u>	NAME OF COMMITTEE (In Full)											
		0∧ ∩ /∧⊔										
/	Americas Health Insurance Plans F	AC (AH	IIF PAC)									
_	Full Name (Last, First, Middle Initial)											
A.	,				Date	of D	Disburse	emei	nt			
					M	M	/ D	D	/ Y	Y Y	Y	
	Mailing Address 1101 Pennsylvania Ave, NW					9	C)4		2012		
	11th Floor											
	,	State	Zip Code		Tra	ansac	tion ID	. 80	0318065	RAF7F	AC1F	3D0
	Washington	DC	20004		↓ '''					<i>I</i> L		
	Purpose of Disbursement Merchant Bankcard Fees			001	A	unt -	f Earl	D:-	huraa	nt this	Danie	
	Candidate Name			001	Amo	unt 0	ıı ⊏acn	DIS	burseme	HIL TUIS	rerio	u
	Candidate Indine			Category/						3	1.74	
	Office Sought: House Disbursen	nont Eor:		Туре	-	_	7		7			
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		Other (spec										
	State: District:	Onlei (Spec	/!! y / ▼									
_	Full Name (Last, First, Middle Initial)											
В.					Date	ofΓ	Disburse	יםמב	nt			
٠.	Citibank									V	V	
	Mailing Address 1101 Pennsylvania Ave, NW				1)9		10	/ Y	Y Y Y 2012	= Y	
	11th Floor					,5		. 0		2012	-	
		State	Zip Code		<u> </u>				0040===	2055	0.4=- :	
	Washington	DC	20004		Tr	ansac	ction IE): 22	20197BC	3D8C	24E91	IC1
	Purpose of Disbursement				1							
	Merchant Bankcard Fees			001	Amo	unt o	f Each	Dis	burseme	nt this	Perio	d
	Candidate Name			Category/							31.74	
				Type		-	7	-	7		,1.74	
	Office Sought: House Disbursen											
		Primary	General									
		Other (spec	eity) 🔻									
_	State: District:											
_	Full Name (Last, First, Middle Initial)				5		\!_l		1			
Ċ.	Citibank				Date	of L	Disburs	emei				
	Moiling Address 4404 D				-	M		D		γ ∥ γ 2012	Y	
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor					9		4		2012	_	
		State	Zip Code									
	•	DC	20004		Tra	ansac	ction IE) : C	9750074	BC65	CEFE	38D
	Purpose of Disbursement				1							
	Merchant Bankcard Fees			001	Amo	unt ∩	of Each	Dis	burseme	nt this	Perio	od
	Candidate Name			Category/					551110			_
				Type					(m) =	3	0.20	
	Office Sought: House Disbursen	nent For:					,		7			
	Senate	Primary	General									
	President	Other (spec	eify) ▼									
_	State: District:											
							-			_	-	
s	UBTOTAL of Disbursements This Page (optional)								-	9	3.68	
\vdash				<u> </u>							-	
lτ	OTAL This Period (last page this line number only)											

CHEDULE B (FEC Form 3X)		EOD 1	INE NUMBER: PAGE 33 OF 33
EMIZED DISBURSEMENTS	Use separate schedule(s)		only one)
	for each category of the Detailed Summary Page	`X	• ,
	Dotailed Guillinary i age		27 28a 28b 28c 29 3
ny information copied from such Reports and State			
r for commercial purposes, other than using the na	me and address of any politi	cal committe	ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans	PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial)			
Citibank			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 1101 Pennsylvania Ave, NW			09 27 2012
11th Floor City	State Zip Code		
Washington	DC 20004		Transaction ID : 1F7295C90C393AE1DE
Purpose of Disbursement			7
Merchant Bankcard Fees		001	Amount of Each Disbursement this Period
Candidate Name		Category	30.20
Office Sought: House Disburse	mont For:	Туре	33.20
Office Sought: House Disburse Senate	ment For: Primary General		
President	Other (specify)		
State: District:	(1 J) ▼		
Full Name (Last, First, Middle Initial)			
			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Oity	State Zip Gode		
Purpose of Disbursement			7
		L	Amount of Each Disbursement this Period
Candidate Name		Category	/
Office Sought: House Disburse	ment For:	Туре	
Senate Dispurse	Primary General		
President	Other (specify)		
State: District:	· · · · · · ·		
Full Name (Last, First, Middle Initial)			
			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Durage of Dishur	Т		
Purpose of Disbursement			1
			Amount of Each Disbursement this Period
Candidate Name	I	(Category	/
Candidate Name		Category Type	
	ment For:	Type	
	ment For: Primary General		
Office Sought: House Disburse Senate President			
Office Sought: House Disburse Senate	Primary General		
Office Sought: House Disburse	Primary General Other (specify) ▼	Туре	00.00
Office Sought: House Disburse Senate President	Primary General Other (specify) ▼	Туре	00.00

SCHEDULE B (FEC Form 3X)	Llea caparata cabadula (a)	FOR LINE		PAGE 34 OF 37
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	22 🗙 23	24 25 26 28c 29 30b
Any information popied from such Deposits and Child	monte may not be said as	27		
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	PAC (AHIP PAC)			
Full Name (Last, First, Middle Initial)				
A. Becerra for Congress			Date of Disburseme	nt
Mailing Address PO Box 261060			09 03	2012
City	State Zip Code		Transaction ID : E	4D47400DDD44D64200
Los Angeles	CA 90026		Transaction ID : E	4B17A88BDD44D64388
Purpose of Disbursement 2012 General		011	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		2000.00
Xavier Becerra		Type		2000.00
Senate President	ement For: 2012 Primary			
State: CA District: 34 Full Name (Last, First, Middle Initial)				
B. Blumenauer for Congress			Date of Disburseme	nt
Mailing Address 830 NE Holladay, #105			09 18	2012
City Portland Purpose of Disbursement	State Zip Code OR 97232		Transaction ID: 7	CEA9559DE0A82E42FB
2012 General		011	Amount of Each Dis	bursement this Period
Candidate Name		Category/		1000.00
Earl Blumenauer Office Sought: Mouse Disburse	ement For: 2012	Туре		
Senate President State: OR District: 03	Primary ☐ General Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Brian Bilbray for Congress			Date of Disburseme	
Mailing Address 970 Seacoast Drive # 7			09 / 13	2012
City Imperial Beach	State Zip Code CA 91932-2402		Transaction ID : 5	721C541D5D2E54CC65
Purpose of Disbursement 2012 General	07.002.2102			
Candidate Name Brian P. Bilbray		O11 Category/	Amount of Each Dis	sbursement this Period 1000.00
	ement For: 2012 Primary General Other (specify)	Type	-	A
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only				4000.00

SCHEDULE B (FEC Form 3X)	Lloo concrete cohedula/a	FOR LINE		PAGE 35 OF 37
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon oring		□ 04 □ 05 □ 00
	Detailed Summary Page	21b	22 X 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Sta	tements may not be sold or u			
or for commercial purposes, other than using the r				
NAME OF COMMITTEE (In Full)				
$ \; angle$ Americas Health Insurance Plans	S PAC (AHIP PAC)			
Full Name (Last First Middle Initial)				
Full Name (Last, First, Middle Initial) A. Carper for Senate			Date of Disbursem	nent
Carper for Seriale			M M / D D	
Mailing Address PO Box 2882			09 17	2012
011				
City Wilmington	State Zip Code DE 19805		Transaction ID :	DBDC249ADE0FFF0640B
Purpose of Disbursement	- 19003			
2012 General		011	Amount of Each D	isbursement this Period
Candidate Name		Category/		1000.00
Thomas Richard Carper		Type	, , , , , , , , , , , , , , , , , , , ,	1000.00
Office Sought: House Disburs Senate	sement For: 2012 Primary			
President	Other (specify)			
State: DE District:	5 a.c. (opoon)/ ▼			
Full Name (Last, First, Middle Initial)				
B. Friends of Gary Delong			Date of Disbursem	ent
			M M / D D	
Mailing Address 30151 Tomas			09 12	2012
City	State Zip Code		Transaction ID :	B4B01E6A1C102C7A663
Rnchostamargarita Purpose of Disbursement	CA 92688			
2012 General		011	Amount of Each D	isbursement this Period
Candidate Name		Category/	2 2001 2	
Gary DeLong		Type		500.00
Office Sought: House Disburs	sement For: 2012			
Senate	Primary General			
State: CA District: 47	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Friends of Jim Clyburn			Date of Disbursem	nent
			M M / D D	/ Y Y Y Y Y
Mailing Address PO Box 12567			09 13	2012
City	State Zip Code		Tue	D0400FFD400000FF05
Columbia	SC 29211		ransaction ID:	D9482FEB198820DF854
Purpose of Disbursement 2012 General		244		
Candidate Name		011	Amount of Each D	isbursement this Period
James E. Clyburn		Category/ Type		2500.00
	sement For: 2012	1,700		
Senate	Primary General			
President	Other (specify)			
State: SC District: 06				
				4000.00
SUBTOTAL of Disbursements This Page (optiona	l)	·····•	,	4000.00
TOTAL This Period (last page this line number or	nlv)			
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	CHEDULE B (FEC Form 3X)	Use separate schedule	FOR LINE	
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		Detailed Summary Pag	ae \square^{210}	22 🗙 23 24 25 26
			27	28a 28b 28c 29 30b
Ar	ny information copied from such Reports and Staten	nents may not be sold or	used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	ne and address of any po	olitical committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Americas Health Insurance Plans F	PAC (AHIP PAC)		
_	Full Name (Last, First, Middle Initial)			
Λ	,			Date of Disbursement
٦.	Hatch Election Committee Inc			
	Mailing Address PO Box 900427			09 18 2012
	3 - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2			
	City	State Zip Code		T
	Sandy	UT 84090		Transaction ID: C2C6765D0746DDE82A1
	Purpose of Disbursement 2012 Runoff			
			011	Amount of Each Disbursement this Period
	Candidate Name		Category/	5000.00
	Orrin G. Hatch		Туре	, , , , , ,
		ment For: 2012	.1	
	Senate President	Other (appoint) — General	al	
	State: UT District:	Other (specify) ▼ Runof	f	
	Full Name (Last, First, Middle Initial)	rtanor	·	
В.				Date of Disbursement
٠.	Kind for Congress Committee			M M / D D / Y Y Y Y
	Mailing Address 205 5th Avenue South			09 17 2012
	200 out world count			
	City	State Zip Code		Transaction ID : 50AD09F38E131DFEDD4
	La Crosse	WI 54601		Transaction ID . 30AD031 30E 131D1 EDD4
	Purpose of Disbursement 2012 General		044	Amount of Fook Dishumon and this Dovied
	Candidate Name		011	Amount of Each Disbursement this Period
	Ron Kind		Category/ Type	1000.00
		nent For: 2012	Туре	
		Primary Senera	al	
	President	Other (specify) ▼		
	State: WI District: 03	(1)		
	Full Name (Last, First, Middle Initial)			
	,			Data of Dialassacant
Ο.	Kinzinger for Congress			Date of Disbursement
Ο.	Kinzinger for Congress			M M / D D / Y Y Y Y
Ο.	Mailing Address PO Box 487			
Ο.	Mailing Address PO Box 487			M = M / D = D / Y = Y = Y
Ο.	Mailing Address PO Box 487 City	State Zip Code	,	M = M / D = D / Y = Y = Y
Ο.	Mailing Address PO Box 487 City S New Lenox	State Zip Code IL 60451-0487	,	09 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
0.	Mailing Address PO Box 487 City	·	011	09 17 2012 Transaction ID : 8FCF745FFF32C0E8521
0.	Mailing Address PO Box 487 City S New Lenox Purpose of Disbursement	·	011	09 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
0.	Mailing Address PO Box 487 City S New Lenox Purpose of Disbursement 2012 General	·		09 17 2012 Transaction ID : 8FCF745FFF32C0E8521
0.	Mailing Address PO Box 487 City S New Lenox Purpose of Disbursement 2012 General Candidate Name Adam Kinzinger	·	011 Category/	Transaction ID: 8FCF745FFF32C0E8521 Amount of Each Disbursement this Period
0.	Mailing Address PO Box 487 City S New Lenox Purpose of Disbursement 2012 General Candidate Name Adam Kinzinger	IL 60451-0487	011 Category/ Type	Transaction ID: 8FCF745FFF32C0E8521 Amount of Each Disbursement this Period
0.	Mailing Address PO Box 487 City S New Lenox Purpose of Disbursement 2012 General Candidate Name Adam Kinzinger Office Sought: House Disbursement	nent For: 2012	011 Category/ Type	Transaction ID: 8FCF745FFF32C0E8521 Amount of Each Disbursement this Period
.	Mailing Address PO Box 487 City S New Lenox Purpose of Disbursement 2012 General Candidate Name Adam Kinzinger Office Sought: House Senate Disburser	nent For: 2012 Primary Genera	011 Category/ Type	Transaction ID: 8FCF745FFF32C0E8521 Amount of Each Disbursement this Period
	Mailing Address PO Box 487 City S New Lenox Purpose of Disbursement 2012 General Candidate Name Adam Kinzinger Office Sought: House Senate President	nent For: 2012 Primary Genera	011 Category/ Type	Transaction ID: 8FCF745FFF32C0E8521 Amount of Each Disbursement this Period
	Mailing Address PO Box 487 City S New Lenox Purpose of Disbursement 2012 General Candidate Name Adam Kinzinger Office Sought: House Senate President	nent For: 2012 Primary General Other (specify)	O11 Category/ Type	Transaction ID: 8FCF745FFF32C0E8521 Amount of Each Disbursement this Period
S	Mailing Address PO Box 487 City S New Lenox Purpose of Disbursement 2012 General Candidate Name Adam Kinzinger Office Sought: House Senate President State: IL District: 16	nent For: 2012 Primary Genera Other (specify)	O11 Category/ Type	Transaction ID: 8FCF745FFF32C0E8521 Amount of Each Disbursement this Period

SCHEDULE B (FEC Form 3X)	Hee consents as both 1.1.1.1	-\ -	FOR LINE NUMBER: PAGE 37 OF 37		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlook orliny	,		
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30l	
Any information copied from such Reports and Stater					
or for commercial purposes, other than using the nan	ne and address of any poli	tical committee to	solicit contributions fr	om such committee.	
NAME OF COMMITTEE (In Full)					
Americas Health Insurance Plans F	PAC (AHIP PAC)				
Full Name (Last, First, Middle Initial)			5		
A. Kurt Schrader for Congress			Date of Disbursement		
Mailing Address PO Box 3314			09 28	2012	
	State Zip Code		Transaction ID :	41347DCDFC60C813DBF	
Oregon City Purpose of Disbursement	OR 97045		Transaction ib	+1347DCDI C00C013DDI	
2012 General		011	Amount of Each Di	sbursement this Period	
Candidate Name		Category/		2500.00	
Kurt Schrader		Туре		2500.00	
Office Sought: House Disburser Senate	nent For: 2012 Primary Seneral				
President	Primary				
State: OR District: 05					
Full Name (Last, First, Middle Initial)					
B. Titus for Congress			Date of Disburseme	ent	
			M = M / D = D	/ Y = Y = Y = Y	
Mailing Address PO Box 72454			09 28	2012	
,	State Zip Code		Transaction ID:	9F758B0F1510D6C1C1F	
Las Vegas Purpose of Disbursement	NV 89170				
2012 General		011	Amount of Each Di	sbursement this Period	
Candidate Name		Category/		4000.00	
Alice C. Dina Titus		Type		1000.00	
	ment For: 2012				
Senate	Primary General				
State: NV District: 01	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C.			Date of Disburseme	ent	
			M M / D D	/ Y Y Y Y Y	
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
•			Amount of Fach Di	sbursement this Period	
Candidate Name		Category/	Table of East Di	The state of the s	
		Type			
Office Sought: House Disburser					
Senate	Primary General				
State: President State:	Other (specify) ▼				
State. District.					
SUBTOTAL of Disbursements This Page (optional)				3500.00	
TOTAL This Period (last page this line number only)				18500.00	