

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2011 through 07 31 2011

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

Signature of Treasurer Electronically Filed by Charles W. Stellar Date 08 17 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		100661.07
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	58099.36									
(c) Total Receipts (from Line 19)	23185.46	155259.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	81284.82	255920.84								
7. Total Disbursements (from Line 31)	16567.91	191203.93								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64716.91	64716.91								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. 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**

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	17690.95	89410.54
(ii) Unitemized	494.51	8349.23
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18185.46	97759.77
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	57500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23185.46	155259.77
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	23185.46	155259.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23185.46	155259.77

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	67.91	953.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	67.91	953.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	185500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	2250.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16567.91	191203.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16567.91	191203.93

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)	23185.46	155259.77
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23185.46	155259.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	67.91	953.93
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	67.91	953.93

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

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

FOR LINE NUMBER: PAGE 6 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Deputy Press Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.75

Date of Receipt: 07 / 30 / 2011
Transaction ID: 20110811163730-1
 Amount of Each Receipt this Period: 31.25

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: 07 / 15 / 2011
Transaction ID: 20110713171057-2
 Amount of Each Receipt this Period: 125.00

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: 07 / 30 / 2011
Transaction ID: 20110811163730-2
 Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ► 281.25

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 37
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Richard Barasch</p> <p>Mailing Address 6 International Dr Ste 190</p> <p>City State Zip Code Rye Brook NY 10573-1099</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Universal American Corp. Chairman & CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2011</p> <p>Transaction ID: 9FF3BFB8C80A8134104</p> <p>Amount of Each Receipt this Period 5000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Carmella Bocchino</p> <p>Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building</p> <p>City State Zip Code Washington DC 20004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2916.62</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2011</p> <p>Transaction ID: 20110713171057-3</p> <p>Amount of Each Receipt this Period 208.33</p>
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<p>C. Full Name (Last, First, Middle Initial) Carmella Bocchino</p> <p>Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building</p> <p>City State Zip Code Washington DC 20004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2916.62</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2011</p> <p>Transaction ID: 20110811163730-3</p> <p>Amount of Each Receipt this Period 208.33</p>
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SUBTOTAL of Receipts This Page (optional)	5416.66
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 37
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110713171057-4
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Regional Director	Aggregate Year-to-Date ▼ 583.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt MM / DD / YYYY 07 / 30 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110811163730-4
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Regional Director	Aggregate Year-to-Date ▼ 583.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) William Cameron		Date of Receipt MM / DD / YYYY 07 / 21 / 2011
Mailing Address 2000 N Classen Blvd		Transaction ID: AE70EE0D7E1F3FBA024
City Oklahoma City	State Zip Code OK 73106-6023	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer American Fidelity Assurance Company	Occupation Chairman and CEO	Aggregate Year-to-Date ▼ 2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2083.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		Transaction ID: 20110713171057-7
	Amount of Each Receipt this Period		<input type="text" value="104.17"/>
Name of Employer America's Health Insurance Plans		Occupation Vice President, Marketing and Graphics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1458.38"/>	

B.	Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		Transaction ID: 20110811163730-7
	Amount of Each Receipt this Period		<input type="text" value="104.17"/>
Name of Employer America's Health Insurance Plans		Occupation Vice President, Marketing and Graphics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1458.38"/>	

C.	Full Name (Last, First, Middle Initial) Rebecca Cole		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		Transaction ID: 20110713171057-9
	Amount of Each Receipt this Period		<input type="text" value="31.25"/>
Name of Employer America's Health Insurance Plans		Occupation Public Affairs Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="364.56"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="239.59"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Rebecca Cole	Date of Receipt MM / DD / YYYY 07 / 30 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20110811163730-9
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 31.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Public Affairs Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 364.56	

B.	Full Name (Last, First, Middle Initial) Gregory Dean	Date of Receipt MM / DD / YYYY 07 / 15 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20110713171057-12
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 62.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Executive Director Insurance Education Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 875.00	

C.	Full Name (Last, First, Middle Initial) Gregory Dean	Date of Receipt MM / DD / YYYY 07 / 30 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20110811163730-12
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 62.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Executive Director Insurance Education Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 875.00	

SUBTOTAL of Receipts This Page (optional)	156.25
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 37
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Cynthia Depew

Mailing Address 602 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20005

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

Name of Employer: America's Health Insurance Plans
Occupation: Manager of Media Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt: 07 / 15 / 2011
Transaction ID: 20110713171057-13
Amount of Each Receipt this Period: 20.83

B.

Full Name (Last, First, Middle Initial)
Cynthia Depew

Mailing Address 602 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20005

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

Name of Employer: America's Health Insurance Plans
Occupation: Manager of Media Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt: 07 / 30 / 2011
Transaction ID: 20110811163730-13
Amount of Each Receipt this Period: 20.83

C.

Full Name (Last, First, Middle Initial)
Katie Dunning

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt: 07 / 15 / 2011
Transaction ID: 20110713171057-15
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ► **83.33**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Katie Dunning		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer America's Health Insurance Plans		Occupation Regional Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="583.38"/>	Transaction ID: 20110811163730-15
			Amount of Each Receipt this Period <input type="text" value="41.67"/>

B.	Full Name (Last, First, Middle Initial) Daniel Durham		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer America's Health Insurance Plans		Occupation EVP, Policy and Regulatory Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1458.31"/>	Transaction ID: 20110713171057-16
			Amount of Each Receipt this Period <input type="text" value="208.33"/>

C.	Full Name (Last, First, Middle Initial) Daniel Durham		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer America's Health Insurance Plans		Occupation EVP, Policy and Regulatory Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1458.31"/>	Transaction ID: 20110811163730-16
			Amount of Each Receipt this Period <input type="text" value="208.33"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="458.33"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 13 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Paul Eiting

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.50

Date of Receipt: 07 / 15 / 2011
Transaction ID: 20110713171057-17
 Amount of Each Receipt this Period: 31.25

B. Full Name (Last, First, Middle Initial)
Paul Eiting

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

City Washington State DC Zip Code 20004

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

Name of Employer: America's Health Insurance Plans
Occupation: Deputy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.50

Date of Receipt: 07 / 30 / 2011
Transaction ID: 20110811163730-17
 Amount of Each Receipt this Period: 31.25

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.69

Date of Receipt: 07 / 15 / 2011
Transaction ID: 20110713171057-18
 Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ► 104.17

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 37
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Candy Gallaher		Date of Receipt MM / DD / YYYY 07 / 30 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110811163730-18
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Vice President, State Policy	Aggregate Year-to-Date ▼ 291.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Leanne Gassaway		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110713171057-19
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.08
Name of Employer America's Health Insurance Plans	Occupation Regional Director	Aggregate Year-to-Date ▼ 379.12
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Leanne Gassaway		Date of Receipt MM / DD / YYYY 07 / 30 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110811163730-19
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.08
Name of Employer America's Health Insurance Plans	Occupation Regional Director	Aggregate Year-to-Date ▼ 379.12
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	95.83
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 37
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Joni Hong		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110713171057-22
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel, Special Proj	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50	

B.

Full Name (Last, First, Middle Initial) Joni Hong		Date of Receipt MM / DD / YYYY 07 / 30 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110811163730-22
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel, Special Proj	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50	

C.

Full Name (Last, First, Middle Initial) Edward Hopkins		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110713171057-23
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, Business Advancement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50	

SUBTOTAL of Receipts This Page (optional)	125.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Edward Hopkins	Date of Receipt MM / DD / YYYY 07 / 30 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20110811163730-23
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 62.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Deputy Director, Business Advancement Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 437.50	

B.	Full Name (Last, First, Middle Initial) Burt Hudson	Date of Receipt MM / DD / YYYY 07 / 15 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20110713171057-24
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Deputy Director, Client Learning Servi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 291.69	

C.	Full Name (Last, First, Middle Initial) Burt Hudson	Date of Receipt MM / DD / YYYY 07 / 30 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20110811163730-24
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Deputy Director, Client Learning Servi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 291.69	

SUBTOTAL of Receipts This Page (optional)	145.84
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 37
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Alethia Jackson		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110713171057-25
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.62	

B.

Full Name (Last, First, Middle Initial) Alethia Jackson		Date of Receipt MM / DD / YYYY 07 / 30 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110811163730-25
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.62	

C.

Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110713171057-27
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Clinical Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

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

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

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

FOR LINE NUMBER: PAGE 18 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt: 07 / 30 / 2011
Transaction ID: 20110811163730-27
 Amount of Each Receipt this Period: 41.67

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: 07 / 15 / 2011
Transaction ID: 20110713171057-28
 Amount of Each Receipt this Period: 125.00

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: 07 / 30 / 2011
Transaction ID: 20110811163730-28
 Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ▶ 291.67

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

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

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

FOR LINE NUMBER: PAGE 19 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1458.38

Date of Receipt 07 / 15 / 2011
Transaction ID: 20110713171057-29
Amount of Each Receipt this Period 104.17

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1458.38

Date of Receipt 07 / 30 / 2011
Transaction ID: 20110811163730-29
Amount of Each Receipt this Period 104.17

C. Full Name (Last, First, Middle Initial)
Holly Macmoran

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Program Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 15 / 2011
Transaction ID: 20110713171057-30
Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional) ► 229.17

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Holly Macmoran		Date of Receipt	
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		M M / D D / Y Y Y Y 07 / 30 / 2011	
	City	State	Zip Code	Transaction ID: 20110811163730-30
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.83	
Name of Employer America's Health Insurance Plans		Occupation Program Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.62		

B.	Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt	
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		M M / D D / Y Y Y Y 07 / 15 / 2011	
	City	State	Zip Code	Transaction ID: 20110713171057-32
	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		Occupation Director of Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00		

C.	Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt	
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		M M / D D / Y Y Y Y 07 / 30 / 2011	
	City	State	Zip Code	Transaction ID: 20110811163730-32
	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		Occupation Director of Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00		

SUBTOTAL of Receipts This Page (optional)	▶	60.83
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kenneth Melani

Mailing Address 120 5th Ave
Ste 3111

City Pittsburgh State PA Zip Code 15222-3000

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

Name of Employer Highmark Blue Cross Blue Shield
Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 06 / 2011

Transaction ID: 3843DC39A9F15B9309F

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Thomas Meyers

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans
Occupation Executive Director Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 15 / 2011

Transaction ID: 20110713171057-35

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Thomas Meyers

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans
Occupation Executive Director Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2011

Transaction ID: 20110811163730-35

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 5040.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 37
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Joseph Miller		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110713171057-37
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.38	

B.

Full Name (Last, First, Middle Initial) Joseph Miller		Date of Receipt MM / DD / YYYY 07 / 30 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110811163730-37
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.38	

C.

Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110713171057-38
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

SUBTOTAL of Receipts This Page (optional)	250.01
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 37
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt MM / DD / YYYY 07 / 30 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110811163730-38
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

B.

Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110713171057-40
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

C.

Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.		Date of Receipt MM / DD / YYYY 07 / 30 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110811163730-40
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

SUBTOTAL of Receipts This Page (optional)	▶	83.33
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 24 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Executive Director, Policy Research

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 204.12

Date of Receipt 07 / 30 / 2011
Transaction ID: 20110811163730-8
Amount of Each Receipt this Period 14.58

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1458.38

Date of Receipt 07 / 15 / 2011
Transaction ID: 20110713171057-41
Amount of Each Receipt this Period 104.17

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1458.38

Date of Receipt 07 / 30 / 2011
Transaction ID: 20110811163730-41
Amount of Each Receipt this Period 104.17

SUBTOTAL of Receipts This Page (optional) ► 222.92

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 37
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110713171057-42
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.47
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communication	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1826.58	

B.

Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt MM / DD / YYYY 07 / 30 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110811163730-42
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.47
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communication	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1826.58	

C.

Full Name (Last, First, Middle Initial) Lawrence Platt		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110713171057-43
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.62	

SUBTOTAL of Receipts This Page (optional)	▶	344.27
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 26 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1166.62

Date of Receipt: 07 / 30 / 2011
Transaction ID: 20110811163730-43
 Amount of Each Receipt this Period: 83.33

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1166.69

Date of Receipt: 07 / 15 / 2011
Transaction ID: 20110713171057-44
 Amount of Each Receipt this Period: 166.67

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1166.69

Date of Receipt: 07 / 30 / 2011
Transaction ID: 20110811163730-44
 Amount of Each Receipt this Period: 166.67

SUBTOTAL of Receipts This Page (optional) ► 416.67

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 37
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Ingrid Reeves</p> <p>Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building</p> <p>City Washington State DC Zip Code 20004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer America's Health Insurance Plans Occupation Vice President, Membership</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 291.62</p>	<p>Date of Receipt <table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">15</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2011</td> </tr> </table> <p>Transaction ID: 20110713171057-46</p> <p>Amount of Each Receipt this Period 20.83</p> </p>	M M	/	D D	/	Y Y Y Y	07		15		2011
M M	/	D D	/	Y Y Y Y							
07		15		2011							

<p>B. Full Name (Last, First, Middle Initial) Ingrid Reeves</p> <p>Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building</p> <p>City Washington State DC Zip Code 20004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer America's Health Insurance Plans Occupation Vice President, Membership</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 291.62</p>	<p>Date of Receipt <table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">30</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2011</td> </tr> </table> <p>Transaction ID: 20110811163730-46</p> <p>Amount of Each Receipt this Period 20.83</p> </p>	M M	/	D D	/	Y Y Y Y	07		30		2011
M M	/	D D	/	Y Y Y Y							
07		30		2011							

<p>C. Full Name (Last, First, Middle Initial) Sue Rohan</p> <p>Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building</p> <p>City Washington State DC Zip Code 20004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer America's Health Insurance Plans Occupation Vice President, Federal Programs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1166.62</p>	<p>Date of Receipt <table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">15</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2011</td> </tr> </table> <p>Transaction ID: 20110713171057-47</p> <p>Amount of Each Receipt this Period 83.33</p> </p>	M M	/	D D	/	Y Y Y Y	07		15		2011
M M	/	D D	/	Y Y Y Y							
07		15		2011							

SUBTOTAL of Receipts This Page (optional)	124.99
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 37
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Sue Rohan		Date of Receipt MM / DD / YYYY 07 / 30 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110811163730-47
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.62	

B.

Full Name (Last, First, Middle Initial) Lisa Shreve		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110713171057-48
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Professional Pr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

C.

Full Name (Last, First, Middle Initial) Lisa Shreve		Date of Receipt MM / DD / YYYY 07 / 30 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110811163730-48
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Professional Pr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

SUBTOTAL of Receipts This Page (optional)	▶	166.67
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 37
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Charles Stellar		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110713171057-49
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation Executive V.P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.38	

B.

Full Name (Last, First, Middle Initial) Charles Stellar		Date of Receipt MM / DD / YYYY 07 / 30 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110811163730-49
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation Executive V.P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.38	

C.

Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110713171057-51
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2916.62	

SUBTOTAL of Receipts This Page (optional)	416.67
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 37
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt MM / DD / YYYY 07 / 30 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110811163730-51
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President	Aggregate Year-to-Date ▼ 2916.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110713171057-53
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Executive Director	Aggregate Year-to-Date ▼ 1166.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt MM / DD / YYYY 07 / 30 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110811163730-53
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Executive Director	Aggregate Year-to-Date ▼ 1166.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 37
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110713171057-54
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, State Publications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50	

B.

Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt MM / DD / YYYY 07 / 30 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110811163730-54
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, State Publications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50	

C.

Full Name (Last, First, Middle Initial) Robert Zirkelbach		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110713171057-56
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation Press Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.38	

SUBTOTAL of Receipts This Page (optional)	166.67
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 32 / 37	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Robert Zirkelbach		Date of Receipt		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		M M / D D / Y Y Y Y 07 / 30 / 2011		
	City Washington	State DC	Zip Code 20004	Transaction ID: 20110811163730-56	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.17		
	Name of Employer America's Health Insurance Plans		Occupation Press Secretary		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1458.38		

SUBTOTAL of Receipts This Page (optional)	104.17
TOTAL This Period (last page this line number only)	17690.95

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 37
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
American Fidelity Corporation Pac

Mailing Address 2000 Classen Blvd

City	State	Zip Code
Oklahoma City	OK	73106

FEC ID number of contributing federal political committee. **C** C00210526

Name of Employer	Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	1

Transaction ID: 39C2313CB9DF42479B1

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53853 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Amex Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V50D82BF53301CB3A187 Date of Disbursement 07 / 18 / 2011
	Amount of Each Disbursement this Period 4.43
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington State DC Zip Code 20004 Purpose of Disbursement Merchant Service Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1E08321B0E4E2E2B8A6 Date of Disbursement 07 / 01 / 2011
	Amount of Each Disbursement this Period 31.74
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington State DC Zip Code 20004 Purpose of Disbursement Merchant Service Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 57BB92FF1CEE20F3CB4 Date of Disbursement 07 / 11 / 2011
	Amount of Each Disbursement this Period 31.74
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

67.91

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

67.91

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Gardner for Congress <hr/> Mailing Address PO Box 2408 <hr/> City Loveland State CO Zip Code 80539 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Cory Gardner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5B9AABEB6F53892E563 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee <hr/> Mailing Address PO Box 87 <hr/> City Uwchland State PA Zip Code 19480 <hr/> Purpose of Disbursement 2012 Primary Candidate Name James W. Gerlach <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: CAB14CE1DFD27B4200D Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 1 1
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Morgan Griffith for Congress <hr/> Mailing Address PO Box 361 <hr/> City Christiansburg State VA Zip Code 24068 <hr/> Purpose of Disbursement 2012 Primary Candidate Name H. Morgan Griffith <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 595D364B707895ADA18 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) New Pioneers Pac</p> <p>Mailing Address 228 S Washington St Ste 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name New Pioneers Pac</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: BE200AD15C241EB0E4A Date of Disbursement 07 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Pallone for Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: FB98DDD328D9E855113 Date of Disbursement 07 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Richardson for Congress</p> <p>Mailing Address 1212 S Victory Blvd</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Laura Richardson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2DF58573E8A6DF205D1 Date of Disbursement 07 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Scalise for Congress</p> <p>Mailing Address PO Box 23219</p> <p>City Jefferson State LA Zip Code 70183</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Stephen J. Scalise</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: ABD684245D10D12F8EC</p> <p>Date of Disbursement 07 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Tim Murphy for Congress</p> <p>Mailing Address PO Box 24551</p> <p>City Pittsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Timothy F. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BFD9727ACA2E453C85D</p> <p>Date of Disbursement 07 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Volunteers for Shimkus</p> <p>Mailing Address PO Box 661</p> <p>City Collinsville State IL Zip Code 62234</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: FD9189F6629AC06D747</p> <p>Date of Disbursement 07 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

16500.00