



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Americas Health Insurance Plans PAC (AHIP PAC)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="48849.69"/>	<input type="text" value="48849.69"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28490.37"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5072.43"/>	<input type="text" value="145834.21"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="33562.80"/>	<input type="text" value="194683.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="145.58"/>	<input type="text" value="161266.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="33417.22"/>	<input type="text" value="33417.22"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Americas Health Insurance Plans PAC (AHIP PAC)**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4611.07	83012.89
(ii) Unitemized .....	461.36	8321.12
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5072.43	91334.01
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	52500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5072.43	143834.01
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.20
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	5072.43	145834.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5072.43	145834.21

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	145.58	1316.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	145.58	1316.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	161000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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	-1050.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	145.58	161266.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	145.58	161266.68

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5072.43	143834.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5072.43	143834.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	145.58	1316.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	145.58	1316.68

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Jeremy Allen**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer Americas Health Insurance Plans Occupation VP, Federal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
10 / 15 / 2012  
**Transaction ID : 20121016145228-2**

Amount of Each Receipt this Period  
**41.67**

**B. Carmella Bocchino**  
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW  
South Building Suite 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer America's Health Insurance Plans Occupation Executive Vice President, Clinical Aff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3333.32**

Date of Receipt  
10 / 09 / 2012  
**Transaction ID : E4932598EC76C47E172**

Amount of Each Receipt this Period  
**2500.00**

**C. Dianne Bricker**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **791.73**

Date of Receipt  
10 / 15 / 2012  
**Transaction ID : 20121016145228-4**

Amount of Each Receipt this Period  
**41.67**

**SUBTOTAL** of Receipts This Page (optional)..... **2583.34**

**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:	PAGE 7 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Yvonne Chanatry</b>		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20121016145228-7</b>
Name of Employer America's Health Insurance Plans	Occupation Vice President, Marketing and Graphics	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="104.17"/>
	<input type="text" value="1979.23"/>	

Full Name (Last, First, Middle Initial) <b>B. Rebecca Cole</b>		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20121016145228-9</b>
Name of Employer America's Health Insurance Plans	Occupation Public Affairs Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="31.25"/>
	<input type="text" value="598.75"/>	

Full Name (Last, First, Middle Initial) <b>C. Gregory Dean</b>		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20121016145228-12</b>
Name of Employer America's Health Insurance Plans	Occupation Executive Director Insurance Education	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="62.50"/>
	<input type="text" value="1187.50"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="197.92"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Katie Dunning**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **791.73**

Date of Receipt  
10 / 15 / 2012  
**Transaction ID : 20121016145228-14**

Amount of Each Receipt this Period  
**41.67**

**B. Daniel Durham**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation EVP, Policy and Regulatory Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3958.27**

Date of Receipt  
10 / 15 / 2012  
**Transaction ID : 20121016145228-15**

Amount of Each Receipt this Period  
**208.33**

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **593.75**

Date of Receipt  
10 / 15 / 2012  
**Transaction ID : 20121016145228-16**

Amount of Each Receipt this Period  
**31.25**

**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: (check only one)	PAGE 9 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **791.73**

Date of Receipt  
**10 / 15 / 2012**  
Transaction ID : **20121016145228-18**

Amount of Each Receipt this Period  
**41.67**

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **514.52**

Date of Receipt  
**10 / 15 / 2012**  
Transaction ID : **20121016145228-19**

Amount of Each Receipt this Period  
**27.08**

**C. Jake Glover**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Director of Health and Wellness Initia

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.99**

Date of Receipt  
**10 / 15 / 2012**  
Transaction ID : **20121016145228-20**

Amount of Each Receipt this Period  
**15.21**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>83.96</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Joni Hong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation Senior Associate Counsel, Special Proj  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 593.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2012  
**Transaction ID : 20121016145228-22**  
 Amount of Each Receipt this Period  
 31.25

**B. Burt Hudson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation Deputy Director, Client Learning Servi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 791.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2012  
**Transaction ID : 20121016145228-23**  
 Amount of Each Receipt this Period  
 41.67

**C. Barbara Lardy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation Senior Vice President, Clinical Affair  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 791.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2012  
**Transaction ID : 20121016145228-27**  
 Amount of Each Receipt this Period  
 41.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Jeff Lemieux</b>		Date of Receipt 10 / 15 / 2012 <b>Transaction ID : 20121016145228-29</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 125.00
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 2375.00
Name of Employer America's Health Insurance Plans	Occupation Svp, Center for Health Policy & Resear	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Beth Leonard</b>		Date of Receipt 10 / 15 / 2012 <b>Transaction ID : 20121016145228-30</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 83.33
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 1734.15
Name of Employer America's Health Insurance Plans	Occupation Senior Director Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Holly Macmoran</b>		Date of Receipt 10 / 15 / 2012 <b>Transaction ID : 20121016145228-31</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 20.83
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 395.77
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	229.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Amber Manko**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Administrative Assistant, Federal Affa

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.99**

Date of Receipt  
**10 / 15 / 2012**

**Transaction ID : 20121016145228-32**

Amount of Each Receipt this Period  
**15.21**

**B. Debi Manning**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Director of Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
**10 / 15 / 2012**

**Transaction ID : 20121016145228-33**

Amount of Each Receipt this Period  
**20.00**

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
**10 / 15 / 2012**

**Transaction ID : 20121016145228-36**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **55.21**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Joseph Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1979.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2012  
**Transaction ID : 20121016145228-37**  
 Amount of Each Receipt this Period  
 104.17

**B. Julie Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation Senior Associate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 791.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2012  
**Transaction ID : 20121016145228-38**  
 Amount of Each Receipt this Period  
 41.67

**C. Martin Mitchell Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation Director Product Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.77

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2012  
**Transaction ID : 20121016145228-40**  
 Amount of Each Receipt this Period  
 20.83

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Teresa Mulligan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation Executive Director, Policy Research  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **277.02**

Date of Receipt **10 / 15 / 2012**  
**Transaction ID : 20121016145228-8**  
 Amount of Each Receipt this Period **14.58**

**B. Betsy Pelovitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation Vice President Product Policy  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1979.23**

Date of Receipt **10 / 15 / 2012**  
**Transaction ID : 20121016145228-41**  
 Amount of Each Receipt this Period **104.17**

**C. Susan Pisano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation Vice President Strategic Communication  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2525.97**

Date of Receipt **10 / 15 / 2012**  
**Transaction ID : 20121016145228-42**  
 Amount of Each Receipt this Period **134.39**

**SUBTOTAL** of Receipts This Page (optional)..... **253.14**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1583.27

Date of Receipt  
10 / 15 / 2012  
**Transaction ID : 20121016145228-43**

Amount of Each Receipt this Period  
83.33

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2708.36

Date of Receipt  
10 / 15 / 2012  
**Transaction ID : 20121016145228-44**

Amount of Each Receipt this Period  
125.00

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.77

Date of Receipt  
10 / 15 / 2012  
**Transaction ID : 20121016145228-46**

Amount of Each Receipt this Period  
20.83

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	229.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Lisa Shreve</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2012 <b>Transaction ID : 20121016145228-47</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 41.67
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 791.73
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) ▼		

Full Name (Last, First, Middle Initial) <b>B. Charles Stellar</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2012 <b>Transaction ID : 20121016145228-48</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 104.17
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 1979.23
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) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kristin Stewart Smoot</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2012 <b>Transaction ID : 20121016145228-49</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 20.83
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 249.96
Name of Employer AHIP	Occupation Manager, Special Projects	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Claudia Tucker**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
10 / 15 / 2012  
**Transaction ID : 20121016145228-51**

Amount of Each Receipt this Period  
50.00

**B. Kathleen Turner**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Web Media Production Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
237.50

Date of Receipt  
10 / 15 / 2012  
**Transaction ID : 20121016145228-52**

Amount of Each Receipt this Period  
12.50

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1583.27

Date of Receipt  
10 / 15 / 2012  
**Transaction ID : 20121016145228-53**

Amount of Each Receipt this Period  
83.33

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

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

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

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

FOR LINE NUMBER: PAGE 18 OF 19  
(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. Robert Zirkelbach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation Press Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1979.23

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012  
**Transaction ID : 20121016145228-55**  
 Amount of Each Receipt this Period  
 104.17

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.17
<b>TOTAL</b> This Period (last page this line number only).....▶	4611.07

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Merchant Bankcard Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2012

Transaction ID : 3F647C5822E636D9146

Amount of Each Disbursement this Period

31.74

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Merchant Bankcard Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2012

Transaction ID : C4122E6BBA904165607

Amount of Each Disbursement this Period

31.74

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

63.48

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

63.48