

**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="33318.91"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="13296.45"/>	<input type="text" value="170133.87"/>
(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="46615.36"/>	<input type="text" value="218983.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3063.48"/>	<input type="text" value="175431.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="43551.88"/>	<input type="text" value="43551.88"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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: / /

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).....	13131.83	106938.73
(ii) Unitemized	164.62	8694.94
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13296.45	115633.67
(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)	13296.45	168133.67
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))..... ▶	13296.45	170133.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13296.45	170133.87

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	63.48	1481.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	63.48	1481.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	175000.00
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)) ..	3063.48	175431.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3063.48	175431.68

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)	13296.45	168133.67
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13296.45	168133.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	63.48	1481.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	63.48	1481.68

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 52
	(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"/> 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 ▼ **708.39**

Date of Receipt
11 / 30 / 2012

Transaction ID : 2012112895232-2

Amount of Each Receipt this Period
41.67

B. 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 ▼ **708.39**

Date of Receipt
12 / 14 / 2012

Transaction ID : 20121212184128-2

Amount of Each Receipt this Period
41.67

C. 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 ▼ **708.39**

Date of Receipt
12 / 31 / 2012

Transaction ID : 20121228105229-2

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....▶	125.01
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: (check only one)	PAGE 7 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. 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 ▼ 1000.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : 2012112895232-4
 Amount of Each Receipt this Period
 41.67

B. 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 ▼ 1000.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : 20121212184128-4
 Amount of Each Receipt this Period
 41.67

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 ▼ 1000.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : 20121228105229-4
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	125.01
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 8 OF 52
	(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) A. Yvonne Chanatry		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : 2012112895232-7
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. C		
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 ▼ 2500.08	

Full Name (Last, First, Middle Initial) B. Yvonne Chanatry		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2012 Transaction ID : 20121212184128-7
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. C		
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 ▼ 2500.08	

Full Name (Last, First, Middle Initial) C. Yvonne Chanatry		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : 20121228105229-7
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. C		
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 ▼ 2500.08	

SUBTOTAL of Receipts This Page (optional).....▶	312.51
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 52
<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) A. Rebecca Cole		Date of Receipt MM / DD / YYYY 11 / 30 / 2012 Transaction ID : 2012112895232-9
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 31.25
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 Public Affairs Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 755.00	

Full Name (Last, First, Middle Initial) B. Rebecca Cole		Date of Receipt MM / DD / YYYY 12 / 14 / 2012 Transaction ID : 20121212184128-9
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 31.25
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 Public Affairs Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 755.00	

Full Name (Last, First, Middle Initial) C. Rebecca Cole		Date of Receipt MM / DD / YYYY 12 / 31 / 2012 Transaction ID : 20121228105229-9
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 31.25
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 Public Affairs Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 755.00	

SUBTOTAL of Receipts This Page (optional).....▶	93.75
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 10 OF 52
	<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) A. Kirstin Dawson		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : 2012112895232-11
Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 10.42
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 Research Associate, Clinical Po	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	

Full Name (Last, First, Middle Initial) B. Kirstin Dawson		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2012 Transaction ID : 20121212184128-11
Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 10.42
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 Research Associate, Clinical Po	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	

Full Name (Last, First, Middle Initial) C. Kirstin Dawson		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : 20121228105229-11
Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 10.42
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 Research Associate, Clinical Po	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	

SUBTOTAL of Receipts This Page (optional).....▶	31.26
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 11 OF 52
	<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) A. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : 2012112895232-12
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 62.50
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 Insurance Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2012 Transaction ID : 20121212184128-12
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 62.50
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 Insurance Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Gregory Dean		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : 20121228105229-12
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 62.50
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 Insurance Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	187.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 52
	<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. Randolph Desonia
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, Medicaid Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 30 / 2012**

Transaction ID : 2012112895232-13

Amount of Each Receipt this Period **10.00**

B. Randolph Desonia
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, Medicaid Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 14 / 2012**

Transaction ID : 20121212184128-13

Amount of Each Receipt this Period **10.00**

C. Randolph Desonia
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, Medicaid Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 31 / 2012**

Transaction ID : 20121228105229-13

Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **30.00**

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 13 OF 52
	<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. Michael Dudley
Full Name (Last, First, Middle Initial)

Mailing Address 4417 Corporation Ln

City Virginia Beach State VA Zip Code 23462-3162

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

Name of Employer Sentara Health Plans, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : 2DF1CF46976648153EA

Amount of Each Receipt this Period
 2000.00

B. 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 ▼ 1000.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012

Transaction ID : 2012112895232-14

Amount of Each Receipt this Period
 41.67

C. 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 ▼ 1000.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012

Transaction ID : 20121212184128-14

Amount of Each Receipt this Period
 41.67

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 14 OF 52
	<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 ▼
1000.08

Date of Receipt
12 / 31 / 2012
Transaction ID : 20121228105229-14

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 ▼
4999.92

Date of Receipt
11 / 30 / 2012
Transaction ID : 2012112895232-15

Amount of Each Receipt this Period
208.33

C. 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 ▼
4999.92

Date of Receipt
12 / 14 / 2012
Transaction ID : 20121212184128-15

Amount of Each Receipt this Period
208.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 458.33

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 15 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
A. Daniel Durham

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 ▼ **4999.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : 20121228105229-15

Amount of Each Receipt this Period
208.33

Full Name (Last, First, Middle Initial)
B. 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 ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : 2012112895232-16

Amount of Each Receipt this Period
31.25

Full Name (Last, First, Middle Initial)
C. 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 ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2012

Transaction ID : 20121212184128-16

Amount of Each Receipt this Period
31.25

SUBTOTAL of Receipts This Page (optional).....	270.83
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: (check only one)	PAGE 16 OF 52
	<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. 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : 20121228105229-16
 Amount of Each Receipt this Period
 31.25

B. 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 ▼ 1000.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : 2012112895232-18
 Amount of Each Receipt this Period
 41.67

C. 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 ▼ 1000.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : 20121212184128-18
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	114.59
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 17 OF 52
	<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 ▼
1000.08

Date of Receipt
12 / 31 / 2012
Transaction ID : 20121228105229-18

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 ▼
649.92

Date of Receipt
11 / 30 / 2012
Transaction ID : 2012112895232-19

Amount of Each Receipt this Period
27.08

C. 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 ▼
649.92

Date of Receipt
12 / 14 / 2012
Transaction ID : 20121212184128-19

Amount of Each Receipt this Period
27.08

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: (check only one)	PAGE 18 OF 52
	<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) A. Leanne Gassaway		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2012 Transaction ID : 20121228105229-19
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 27.08
City Washington	State DC	
Zip Code 20004	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 649.92
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) ▼		

Full Name (Last, First, Middle Initial) B. Jake Glover		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2012 Transaction ID : 2012112895232-20
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 15.21
City Washington	State DC	
Zip Code 20004	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 365.04
Name of Employer America's Health Insurance Plans	Occupation Director of Health and Wellness Initia	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jake Glover		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 Transaction ID : 20121212184128-20
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 15.21
City Washington	State DC	
Zip Code 20004	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 365.04
Name of Employer America's Health Insurance Plans	Occupation Director of Health and Wellness Initia	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	57.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 52
	<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. 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 ▼ **365.04**

Date of Receipt
12 / 31 / 2012
Transaction ID : **20121228105229-20**

Amount of Each Receipt this Period
15.21

B. Wendy Henson
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, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
11 / 30 / 2012
Transaction ID : **2012112895232-21**

Amount of Each Receipt this Period
10.00

C. Wendy Henson
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, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
12 / 14 / 2012
Transaction ID : **20121212184128-21**

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... **35.21**

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:	PAGE 20 OF 52
	(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)

A. Wendy Henson
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, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
12 / 31 / 2012

Transaction ID : 20121228105229-21

Amount of Each Receipt this Period
10.00

B. 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 ▼ **750.00**

Date of Receipt
11 / 30 / 2012

Transaction ID : 2012112895232-22

Amount of Each Receipt this Period
31.25

C. 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 ▼ **750.00**

Date of Receipt
12 / 14 / 2012

Transaction ID : 20121212184128-22

Amount of Each Receipt this Period
31.25

SUBTOTAL of Receipts This Page (optional)..... **72.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 52
	<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 **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : 20121228105229-22
 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 **1000.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : 2012112895232-23
 Amount of Each Receipt this Period
41.67

C. 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 **1000.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : 20121212184128-23
 Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....▶	114.59
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 22 OF 52
	<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) A. Burt Hudson		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2012 Transaction ID : 20121228105229-23
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. 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 ▼ 1000.08

Full Name (Last, First, Middle Initial) B. Karen Ignagni		Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2012 Transaction ID : 3E29C71DDA01BA73880
Mailing Address 601 Pennsylvania Ave NW S Building, Suite 500		Amount of Each Receipt this Period 2500.00
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 President and CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

Full Name (Last, First, Middle Initial) C. Joshua Keepes		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 Transaction ID : 20121212184128-24
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. C	
Name of Employer America's Health Insurance Plans Occupation Legislative and Regulatory Anaylst	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02

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: (check only one)	PAGE 23 OF 52
	<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. Joshua Keeps
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 Legislative and Regulatory Anaylst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
12 / 31 / 2012
Transaction ID : 20121228105229-24

Amount of Each Receipt this Period
41.67

B. David Klein
Full Name (Last, First, Middle Initial)

Mailing Address 165 Court St

City Rochester State NY Zip Code 14647-0001

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

Name of Employer The Lifetime Healthcare Companies Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
12 / 27 / 2012
Transaction ID : 2BF298F6C7B32411229

Amount of Each Receipt this Period
2000.00

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 ▼
1000.08

Date of Receipt
11 / 30 / 2012
Transaction ID : 2012112895232-27

Amount of Each Receipt this Period
41.67

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 24 OF 52
	<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. 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 ▼
1000.08

Date of Receipt
12 / 14 / 2012
Transaction ID : 20121212184128-27

Amount of Each Receipt this Period
41.67

B. 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 ▼
1000.08

Date of Receipt
12 / 31 / 2012
Transaction ID : 20121228105229-27

Amount of Each Receipt this Period
41.67

C. Jeff Lemieux
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, Center for Health Policy & Resear

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
11 / 30 / 2012
Transaction ID : 2012112895232-29

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 208.34

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 25 OF 52
	<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) A. Jeff Lemieux		Date of Receipt 12 / 14 / 2012 Transaction ID : 20121212184128-29
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. C		Aggregate Year-to-Date ▼ 3000.00
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. Jeff Lemieux		Date of Receipt 12 / 31 / 2012 Transaction ID : 20121228105229-28
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. C		Aggregate Year-to-Date ▼ 3000.00
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) C. Beth Leonard		Date of Receipt 11 / 30 / 2012 Transaction ID : 2012112895232-30
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. C		Aggregate Year-to-Date ▼ 2150.80
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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	333.33
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 26 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Beth Leonard
 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 Director Public Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2150.80**

Date of Receipt **12 / 14 / 2012**
Transaction ID : 20121212184128-30
 Amount of Each Receipt this Period **83.33**

B. Beth Leonard
 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 Director Public Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2150.80**

Date of Receipt **12 / 31 / 2012**
Transaction ID : 20121228105229-29
 Amount of Each Receipt this Period **83.33**

C. Holly Macmoran
 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 Program Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.92**

Date of Receipt **11 / 30 / 2012**
Transaction ID : 2012112895232-31
 Amount of Each Receipt this Period **20.83**

SUBTOTAL of Receipts This Page (optional).....	187.49
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 27 OF 52
	<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. Holly Macmoran
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 Program Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.92

Date of Receipt
12 / 14 / 2012
Transaction ID : 20121212184128-31

Amount of Each Receipt this Period
20.83

B. Holly Macmoran
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 Program Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.92

Date of Receipt
12 / 31 / 2012
Transaction ID : 20121228105229-30

Amount of Each Receipt this Period
20.83

C. 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 ▼
365.04

Date of Receipt
11 / 30 / 2012
Transaction ID : 2012112895232-32

Amount of Each Receipt this Period
15.21

SUBTOTAL of Receipts This Page (optional)..... ▶ 56.87

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 28 OF 52
	<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 ▼ **365.04**

Date of Receipt **12 / 14 / 2012**

Transaction ID : 20121212184128-32

Amount of Each Receipt this Period **15.21**

B. 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 ▼ **365.04**

Date of Receipt **12 / 31 / 2012**

Transaction ID : 20121228105229-31

Amount of Each Receipt this Period **15.21**

C. 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 ▼ **480.00**

Date of Receipt **11 / 30 / 2012**

Transaction ID : 2012112895232-33

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **50.42**

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 29 OF 52
	<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. 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 ▼ **480.00**

Date of Receipt
12 / 14 / 2012
Transaction ID : **20121212184128-33**

Amount of Each Receipt this Period
20.00

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 ▼ **480.00**

Date of Receipt
12 / 31 / 2012
Transaction ID : **20121228105229-32**

Amount of Each Receipt this Period
20.00

C. Anthony Meoni
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, IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt
11 / 30 / 2012
Transaction ID : **2012112895232-35**

Amount of Each Receipt this Period
10.50

SUBTOTAL of Receipts This Page (optional)..... **50.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 52
	<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) A. Anthony Meoni		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 14 / 2012 Transaction ID : 20121212184128-35
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 10.50
City Washington State DC Zip Code 20004		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 252.00
Name of Employer America's Health Insurance Plans	Occupation Vice President, IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Anthony Meoni		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : 20121228105229-34
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 10.50
City Washington State DC Zip Code 20004		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 252.00
Name of Employer America's Health Insurance Plans	Occupation Vice President, IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Thomas Meyers		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : 2012112895232-36
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 20.00
City Washington State DC Zip Code 20004		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 480.00
Name of Employer America's Health Insurance Plans	Occupation Executive Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	41.00
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 31 OF 52
	<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. 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 ▼ **480.00**

Date of Receipt
12 / 14 / 2012
Transaction ID : **20121212184128-36**

Amount of Each Receipt this Period
20.00

B. 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 ▼ **480.00**

Date of Receipt
12 / 31 / 2012
Transaction ID : **20121228105229-35**

Amount of Each Receipt this Period
20.00

C. 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 ▼ **2500.08**

Date of Receipt
11 / 30 / 2012
Transaction ID : **2012112895232-37**

Amount of Each Receipt this Period
104.17

SUBTOTAL of Receipts This Page (optional)..... **144.17**

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 32 OF 52
	(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"/> 15
	<input type="checkbox"/> 12	<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. 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 ▼
2500.08

Date of Receipt
12 / 14 / 2012
Transaction ID : 20121212184128-37

Amount of Each Receipt this Period
104.17

B. 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 ▼
2500.08

Date of Receipt
12 / 31 / 2012
Transaction ID : 20121228105229-36

Amount of Each Receipt this Period
104.17

C. 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 ▼
1000.08

Date of Receipt
11 / 30 / 2012
Transaction ID : 2012112895232-38

Amount of Each Receipt this Period
41.67

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: (check only one)	PAGE 33 OF 52
	<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) A. Julie Miller		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 14 / 2012 Transaction ID : 20121212184128-38
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. C		Amount of Each Receipt this Period 1000.08
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 ▼	

Full Name (Last, First, Middle Initial) B. Julie Miller		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : 20121228105229-37
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. C		Amount of Each Receipt this Period 1000.08
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 ▼	

Full Name (Last, First, Middle Initial) C. Lisa Miller		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : 2012112895232-39
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 10.42
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.08
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, Meeting Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	93.76
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 34 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Lisa 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 Deputy Director, Meeting Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : 20121212184128-39
 Amount of Each Receipt this Period
 10.42

B. Lisa 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 Deputy Director, Meeting Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : 20121228105229-38
 Amount of Each Receipt this Period
 10.42

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 ▼ 499.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : 2012112895232-40
 Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional).....▶	41.67
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: (check only one)	PAGE 35 OF 52
	<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. 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 ▼
499.92

Date of Receipt
12 / 14 / 2012
Transaction ID : 20121212184128-40

Amount of Each Receipt this Period
20.83

B. 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 ▼
499.92

Date of Receipt
12 / 31 / 2012
Transaction ID : 20121228105229-39

Amount of Each Receipt this Period
20.83

C. 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 ▼
349.92

Date of Receipt
11 / 30 / 2012
Transaction ID : 2012112895232-8

Amount of Each Receipt this Period
14.58

SUBTOTAL of Receipts This Page (optional)..... ▶ 56.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 52
	<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. 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 ▼ 349.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : 20121212184128-8
 Amount of Each Receipt this Period
 14.58

B. 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 ▼ 349.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : 20121228105229-8
 Amount of Each Receipt this Period
 14.58

C. 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 ▼ 2500.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : 2012112895232-41
 Amount of Each Receipt this Period
 104.17

SUBTOTAL of Receipts This Page (optional).....▶	133.33
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 37 OF 52
	<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)

Full Name (Last, First, Middle Initial) A. Betsy Pelovitz		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 14 / 2012 Transaction ID : 20121212184128-41
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. C		Aggregate Year-to-Date ▼ 2500.08
Name of Employer America's Health Insurance Plans	Occupation Vice President Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Betsy Pelovitz		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : 20121228105229-40
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. C		Aggregate Year-to-Date ▼ 2500.08
Name of Employer America's Health Insurance Plans	Occupation Vice President Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Susan Pisano		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : 2012112895232-42
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 134.39
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 3197.92
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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	342.73
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 38 OF 52
	<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) A. Susan Pisano		Date of Receipt 12 / 14 / 2012 Transaction ID : 20121212184128-42
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 134.39
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 3197.92
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) ▼		

Full Name (Last, First, Middle Initial) B. Susan Pisano		Date of Receipt 12 / 31 / 2012 Transaction ID : 20121228105229-41
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 134.39
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 3197.92
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) ▼		

Full Name (Last, First, Middle Initial) C. Lawrence Platt		Date of Receipt 11 / 30 / 2012 Transaction ID : 2012112895232-43
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. C		Aggregate Year-to-Date ▼ 1999.92
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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	352.11
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 39 OF 52
	<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 ▼
1999.92

Date of Receipt
12 / 14 / 2012
Transaction ID : 20121212184128-43

Amount of Each Receipt this Period
83.33

B. 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 ▼
1999.92

Date of Receipt
12 / 31 / 2012
Transaction ID : 20121228105229-42

Amount of Each Receipt this Period
83.33

C. 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 ▼
3333.36

Date of Receipt
11 / 30 / 2012
Transaction ID : 2012112895232-44

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 291.66

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: (check only one)	PAGE 40 OF 52
	<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. 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 ▼ 3333.36

Date of Receipt
12 / 14 / 2012
Transaction ID : 201212184128-44

Amount of Each Receipt this Period
125.00

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 ▼ 3333.36

Date of Receipt
12 / 31 / 2012
Transaction ID : 20121228105229-43

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 ▼ 499.92

Date of Receipt
11 / 30 / 2012
Transaction ID : 2012112895232-46

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 270.83

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: (check only one)	PAGE 41 OF 52
	<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. 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 ▼ **499.92**

Date of Receipt **12 / 14 / 2012**
Transaction ID : 20121212184128-46

Amount of Each Receipt this Period **20.83**

B. 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 ▼ **499.92**

Date of Receipt **12 / 31 / 2012**
Transaction ID : 20121228105229-45

Amount of Each Receipt this Period **20.83**

C. Lisa Shreve
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, Professional Pr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.08**

Date of Receipt **11 / 30 / 2012**
Transaction ID : 2012112895232-47

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 42 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Lisa Shreve
 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, Professional Pr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : 20121212184128-47
 Amount of Each Receipt this Period
 41.67

B. Lisa Shreve
 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, Professional Pr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : 20121228105229-46
 Amount of Each Receipt this Period
 41.67

c. Charles Stellar
 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 V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : 2012112895232-48
 Amount of Each Receipt this Period
 104.17

SUBTOTAL of Receipts This Page (optional).....▶	187.51
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 43 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Charles Stellar
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 Name of Employer America's Health Insurance Plans Occupation Executive V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.08

Date of Receipt 12 / 14 / 2012
Transaction ID : 20121212184128-48
 Amount of Each Receipt this Period 104.17

B. Charles Stellar
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 Name of Employer America's Health Insurance Plans Occupation Executive V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.08

Date of Receipt 12 / 31 / 2012
Transaction ID : 20121228105229-47
 Amount of Each Receipt this Period 104.17

C. Kristin Stewart Smoot
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 Name of Employer AHIP Occupation Manager, Special Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 354.11

Date of Receipt 11 / 30 / 2012
Transaction ID : 2012112895232-49
 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 44 OF 52
	<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. Kristin Stewart Smoot
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 AHIP Occupation Manager, Special Projects

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **354.11**

Date of Receipt
12 / 14 / 2012
Transaction ID : **20121212184128-49**

Amount of Each Receipt this Period
20.83

B. Kristin Stewart Smoot
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 AHIP Occupation Manager, Special Projects

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **354.11**

Date of Receipt
12 / 31 / 2012
Transaction ID : **20121228105229-48**

Amount of Each Receipt this Period
20.83

C. Aaron 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 Senior Legislative & Regulatory Analys

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.08**

Date of Receipt
11 / 30 / 2012
Transaction ID : **2012112895232-50**

Amount of Each Receipt this Period
10.42

SUBTOTAL of Receipts This Page (optional)..... **52.08**

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 45 OF 52
	<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. Aaron 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 Senior Legislative & Regulatory Analysts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt
12 / 14 / 2012
Transaction ID : 20121212184128-50

Amount of Each Receipt this Period
10.42

B. Aaron 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 Senior Legislative & Regulatory Analysts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt
12 / 31 / 2012
Transaction ID : 20121228105229-49

Amount of Each Receipt this Period
10.42

C. 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 ▼ 700.00

Date of Receipt
11 / 30 / 2012
Transaction ID : 2012112895232-51

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.84

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: (check only one)	PAGE 46 OF 52
	<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. 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 ▼ **700.00**

Date of Receipt **12 / 14 / 2012**

Transaction ID : 20121212184128-51

Amount of Each Receipt this Period **50.00**

B. 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 ▼ **700.00**

Date of Receipt **12 / 31 / 2012**

Transaction ID : 20121228105229-50

Amount of Each Receipt this Period **50.00**

C. 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 ▼ **300.00**

Date of Receipt **11 / 30 / 2012**

Transaction ID : 2012112895232-52

Amount of Each Receipt this Period **12.50**

SUBTOTAL of Receipts This Page (optional)..... **112.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 52
	<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. 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 ▼ 300.00

Date of Receipt
12 / 14 / 2012
Transaction ID : 20121212184128-52

Amount of Each Receipt this Period
12.50

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 ▼ 300.00

Date of Receipt
12 / 31 / 2012
Transaction ID : 20121228105229-51

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 ▼ 1999.92

Date of Receipt
11 / 30 / 2012
Transaction ID : 2012112895232-53

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶ 108.33

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 48 OF 52
	<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) A. Mark Van Koevering		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 Transaction ID : 20121212184128-53
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. C		Aggregate Year-to-Date ▼ 1999.92
Name of Employer America's Health Insurance Plans	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mark Van Koevering		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2012 Transaction ID : 20121228105229-52
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. C		Aggregate Year-to-Date ▼ 1999.92
Name of Employer America's Health Insurance Plans	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Marilyn Zigmund Luke		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2012 Transaction ID : 2012112895232-54
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 10.00
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00
Name of Employer America's Health Insurance Plans	Occupation Senior Regulatory Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	176.66
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: (check only one)	PAGE 49 OF 52
	<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) A. Marilyn Zigmund Luke		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 14 / 2012 Transaction ID : 20121212184128-54
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 10.00
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00
Name of Employer America's Health Insurance Plans	Occupation Senior Regulatory Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Marilyn Zigmund Luke		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : 20121228105229-53
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 10.00
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00
Name of Employer America's Health Insurance Plans	Occupation Senior Regulatory Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Zirkelbach		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : 2012112895232-55
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. C		Aggregate Year-to-Date ▼ 2500.08
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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	124.17
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 50 OF 52
	<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. 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 ▼
2500.08

Date of Receipt
12 / 14 / 2012
Transaction ID : 20121212184128-55

Amount of Each Receipt this Period
104.17

B. 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 ▼
2500.08

Date of Receipt
12 / 31 / 2012
Transaction ID : 20121228105229-54

Amount of Each Receipt this Period
104.17

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	208.34
TOTAL This Period (last page this line number only).....▶	13131.83

**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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 03 / 2012

Transaction ID : EA979D8795D81F8CD2A

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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 10 / 2012

Transaction ID : 04168A4F8E1A6BACCC7

Amount of Each Disbursement this Period

31.74

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

63.48

63.48

**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)

Full Name (Last, First, Middle Initial)

A. Freedom Fund

Mailing Address 701 8th Street, NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
2012 Contribution

011

Category/
Type

Candidate Name

Freedom Fund

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 805BDCE4B072E253167

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

3000.00

3000.00