

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 05 01 2011 through 05 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Charles W. Stellar

Signature of Treasurer Electronically Filed by Charles W. Stellar Date 06 20 2011

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		100661.07
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	55075.97									
(c) Total Receipts (from Line 19)	25135.46	94137.85								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	80211.43	194798.92								
7. Total Disbursements (from Line 31)	17985.05	132572.54								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	62226.38	62226.38								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	14290.12	50156.81
(ii) Unitemized	845.34	6981.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15135.46	57137.85
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	10000.00	37000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	25135.46	94137.85
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	25135.46	94137.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25135.46	94137.85

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	235.05	822.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	235.05	822.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	18000.00	129500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	-250.00	-250.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	17985.05	132572.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17985.05	132572.54

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)	25135.46	94137.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25135.46	94137.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	235.05	822.54
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	235.05	822.54

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Catherine Ayers		Date of Receipt MM / DD / YYYY 05 / 02 / 2011		
	Mailing Address 6222 NW 19th Pl		Transaction ID: FE40535BCD790A90CED		
	City Gainesville	State FL	Zip Code 32605-3246	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AvMed	Occupation SVP, Human Resources			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Gary Bacher		Date of Receipt MM / DD / YYYY 05 / 13 / 2011		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2011051213741-2		
	City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer America's Health Insurance Plans	Occupation Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00			

C.	Full Name (Last, First, Middle Initial) Gary Bacher		Date of Receipt MM / DD / YYYY 05 / 31 / 2011		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110613153129-2		
	City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer America's Health Insurance Plans	Occupation Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00			

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
R. Bradford Bentley

Mailing Address 8717 SW 91st Pl

City Gainesville State FL Zip Code 32608-7291

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

Name of Employer AvMed Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: 5618B71BC1BEC5768ED

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Carmella Bocchino

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 Vice President, Clinical Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2083.30

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: 2011051213741-3

Amount of Each Receipt this Period
208.33

C.

Full Name (Last, First, Middle Initial)
Carmella Bocchino

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 Vice President, Clinical Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2083.30

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: 20110613153129-3

Amount of Each Receipt this Period
208.33

SUBTOTAL of Receipts This Page (optional) ► **716.66**

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 8 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Allan Boshell		Date of Receipt MM / DD / YYYY 05 / 02 / 2011
	Mailing Address 454 NE 5th Ct		Transaction ID: FA96586B74972925C41
	City Boca Raton	State FL	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer AvMed		Occupation Regional VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2011051213741-4
	City Washington	State DC	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans		Occupation Regional Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.70	

C.	Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt MM / DD / YYYY 05 / 31 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110613153129-4
	City Washington	State DC	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans		Occupation Regional Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.70	

SUBTOTAL of Receipts This Page (optional)	383.34
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David Butler	Date of Receipt MM / DD / YYYY 05 / 02 / 2011
	Mailing Address 5403 Windbrush Dr	Transaction ID: DEFAB1DB257EEA98CDD
	City State Zip Code Tampa FL 33625-4051	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AvMed Regional VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Yvonne Chanatry	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 2011051213741-7
	City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 104.17
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1041.70	

C.	Full Name (Last, First, Middle Initial) Yvonne Chanatry	Date of Receipt MM / DD / YYYY 05 / 31 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20110613153129-7
	City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 104.17
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1041.70	

SUBTOTAL of Receipts This Page (optional)	▶	508.34
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 10 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Rebecca Cole		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 2011051213741-9
Name of Employer America's Health Insurance Plans		Occupation Public Affairs Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="239.56"/>	<input type="text" value="31.25"/>

B.	Full Name (Last, First, Middle Initial) Rebecca Cole		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110613153129-9
Name of Employer America's Health Insurance Plans		Occupation Public Affairs Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="239.56"/>	<input type="text" value="31.25"/>

C.	Full Name (Last, First, Middle Initial) Gregory Dean		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 2011051213741-12
Name of Employer America's Health Insurance Plans		Occupation Executive Director Insurance Education	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="625.00"/>	<input type="text" value="62.50"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="125.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Gregory Dean		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110613153129-12
Name of Employer America's Health Insurance Plans		Occupation Executive Director Insurance Education	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="62.50"/>
		<input type="text" value="625.00"/>	

B.	Full Name (Last, First, Middle Initial) Cynthia Depew		Date of Receipt
	Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110613153129-13
Name of Employer America's Health Insurance Plans		Occupation Manager of Media Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="20.83"/>
		<input type="text" value="208.30"/>	

C.	Full Name (Last, First, Middle Initial) Katie Dunning		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 2011051213741-15
Name of Employer America's Health Insurance Plans		Occupation Regional Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="41.67"/>
		<input type="text" value="416.70"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="125.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Katie Dunning		Date of Receipt MM / DD / YYYY 05 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110613153129-15
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

B.

Full Name (Last, First, Middle Initial) Daniel Durham		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 601 Pennsylvania Ave NW Suite 500 South Building		Transaction ID: 9434186ED682A30F925
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans	Occupation EVP, Policy and Regulatory Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.99	

C.

Full Name (Last, First, Middle Initial) Daniel Durham		Date of Receipt MM / DD / YYYY 05 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110613153129-16
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans	Occupation EVP, Policy and Regulatory Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.99	

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: PAGE 13 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt 05 / 13 / 2011
Transaction ID: 2011051213741-17
Amount of Each Receipt this Period 31.25

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt 05 / 31 / 2011
Transaction ID: 20110613153129-17
Amount of Each Receipt this Period 31.25

C. Full Name (Last, First, Middle Initial)
Vincenzo Ferri

Mailing Address 726 S Renaud Rd

City Grosse Pointe Wood State MI Zip Code 48236-1799

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

Name of Employer Avmed Occupation VP and CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 02 / 2011
Transaction ID: 52B650B0A71DE8AA410
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 362.50

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: PAGE 14 / 38
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Gregory Fischer

Mailing Address 9400 S Dadeland Blvd

City Gainesville State FL Zip Code 32606-5688

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

Name of Employer AvMed Occupation SVP Sales, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 02 / 2011
Transaction ID: 804B5C576286516BD98
Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Michael Gallagher

Mailing Address 4300 NW 89th Blvd
PO Box 749

City Gainesville State FL Zip Code 32606-5688

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

Name of Employer Avmed Health Plans Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 02 / 2011
Transaction ID: 12672B3F4FB5674FC0E
Amount of Each Receipt this Period 2000.00

C.

Full Name (Last, First, Middle Initial)
Leanne Gassaway

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 ▼ 270.80

Date of Receipt 05 / 13 / 2011
Transaction ID: 2011051213741-19
Amount of Each Receipt this Period 27.08

SUBTOTAL of Receipts This Page (optional) ► 2327.08

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: PAGE 15 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

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 ▼ 270.80

Date of Receipt 05 / 31 / 2011
Transaction ID: 20110613153129-19
Amount of Each Receipt this Period 27.08

B. Full Name (Last, First, Middle Initial)
Edwin W. Hannum

Mailing Address 5202 Pine Rocklands Ave

City Lithia State FL Zip Code 33547-5012

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

Name of Employer AvMed Occupation SVP, Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 02 / 2011
Transaction ID: E6A14102FCBAC591A38
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Joni Hong

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 ▼ 312.50

Date of Receipt 05 / 13 / 2011
Transaction ID: 2011051213741-22
Amount of Each Receipt this Period 31.25

SUBTOTAL of Receipts This Page (optional) ► 358.33

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 38
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial) Joni Hong		Date of Receipt MM / DD / YYYY 05 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110613153129-22
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel, Special Proj	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.50	

B.

Full Name (Last, First, Middle Initial) Alethia Jackson		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2011051213741-25
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.30	

C.

Full Name (Last, First, Middle Initial) Alethia Jackson		Date of Receipt MM / DD / YYYY 05 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110613153129-25
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.30	

SUBTOTAL of Receipts This Page (optional)	197.91
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 17 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Francis Jantzen

Mailing Address 17982 NW 9th Ct

City State Zip Code
Pembroke Pines FL 33029-3113

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

Name of Employer Occupation
AvMed VP, Client Service and Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2011

Transaction ID: BC36D6CCA87DA967EB0

Amount of Each Receipt this Period
300.00

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

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

City State Zip Code
Washington DC 20004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
M M / D D / Y Y Y Y
05 / 13 / 2011

Transaction ID: 2011051213741-27

Amount of Each Receipt this Period
41.67

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

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

City State Zip Code
Washington DC 20004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 2011

Transaction ID: 20110613153129-27

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ► **383.34**

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

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

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

FOR LINE NUMBER: PAGE 18 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 05 / 13 / 2011
Transaction ID: 2011051213741-28
 Amount of Each Receipt this Period: 125.00

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 05 / 31 / 2011
Transaction ID: 20110613153129-28
 Amount of Each Receipt this Period: 125.00

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1041.70

Date of Receipt: 05 / 13 / 2011
Transaction ID: 2011051213741-29
 Amount of Each Receipt this Period: 104.17

SUBTOTAL of Receipts This Page (optional) ► 354.17

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 19 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1041.70

Date of Receipt 05 / 31 / 2011
Transaction ID: 20110613153129-29
 Amount of Each Receipt this Period 104.17

B. Full Name (Last, First, Middle Initial)
Winston H. Lonsdale

Mailing Address 11361 SW 123rd St

City Miami State FL Zip Code 33176-4426

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

Name of Employer Avmed Occupation VP, Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 02 / 2011
Transaction ID: FEB47B09DEA7E556B4D
 Amount of Each Receipt this Period 300.00

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 31 / 2011
Transaction ID: 20110613153129-30
 Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional) ► 425.00

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 20 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kevin McCarthy	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 2211 Congress St	Transaction ID: B5CBD98BC3FF1521D51
	City State Zip Code Portland ME 04102-1955	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Unum Group President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Robert McNichols	Date of Receipt MM / DD / YYYY 05 / 02 / 2011
	Mailing Address 12024 178th PI NE	Transaction ID: 444CB2AEE116B2D7911
	City State Zip Code Redmond WA 98052-7250	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AvMed Chief Audit Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Javier Mendoza	Date of Receipt MM / DD / YYYY 05 / 02 / 2011
	Mailing Address 13224 SW 40th St	Transaction ID: 6723DAB0A44F29D3878
	City State Zip Code Davie FL 33330-4704	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AvMed VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	2600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Joseph Miller		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2011051213741-37
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1041.70	

B.

Full Name (Last, First, Middle Initial) Joseph Miller		Date of Receipt MM / DD / YYYY 05 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110613153129-37
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1041.70	

C.

Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 2011051213741-38
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

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

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

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

FOR LINE NUMBER: PAGE 22 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Julie Miller

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 ▼ 416.70

Date of Receipt: 05 / 31 / 2011
Transaction ID: 20110613153129-38
 Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Martin Mitchell, Jr.

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 ▼ 208.30

Date of Receipt: 05 / 31 / 2011
Transaction ID: 20110613153129-40
 Amount of Each Receipt this Period: 20.83

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

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1041.70

Date of Receipt: 05 / 13 / 2011
Transaction ID: 2011051213741-41
 Amount of Each Receipt this Period: 104.17

SUBTOTAL of Receipts This Page (optional) ► 166.67

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Betsy Pelovitz	Date of Receipt MM / DD / YYYY 05 / 31 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20110613153129-41
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 104.17
	FEC ID number of contributing federal political committee. C	
	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) ▼ Aggregate Year-to-Date ▼ 1041.70	

B.	Full Name (Last, First, Middle Initial) Susan Pinnas	Date of Receipt MM / DD / YYYY 05 / 02 / 2011
	Mailing Address 1140 Alfonso Ave	Transaction ID: F794E10DC76ECCB7C02
	City Coral Gables State FL Zip Code 33146-3210	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: AvMed Occupation: SVP of Network Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Susan Pisano	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 2011051213741-42
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 130.47
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Vice President Strategic Communication Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1304.70	

SUBTOTAL of Receipts This Page (optional)	534.64
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 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110613153129-42
Name of Employer America's Health Insurance Plans		Occupation Vice President Strategic Communication	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1304.70"/>

B.	Full Name (Last, First, Middle Initial) Lawrence Platt		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 2011051213741-43
Name of Employer America's Health Insurance Plans		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="833.30"/>

C.	Full Name (Last, First, Middle Initial) Lawrence Platt		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110613153129-43
Name of Employer America's Health Insurance Plans		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="833.30"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="297.13"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Mark Pratt		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 601 Pennsylvania Ave NW Suite 500, South Building		Transaction ID: 855345FACA88ACBDA91
City Washington	State Zip Code DC 20004-2601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.67
Name of Employer America's Health Insurance Plans	Occupation SVP, State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.01	

B.

Full Name (Last, First, Middle Initial) Mark Pratt		Date of Receipt MM / DD / YYYY 05 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110613153129-44
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.67
Name of Employer America's Health Insurance Plans	Occupation SVP, State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.01	

C.

Full Name (Last, First, Middle Initial) Ingrid Reeves		Date of Receipt MM / DD / YYYY 05 / 31 / 2011
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Transaction ID: 20110613153129-46
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.83
Name of Employer America's Health Insurance Plans	Occupation Vice President, Membership	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

SUBTOTAL of Receipts This Page (optional)	354.17
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 26 / 38

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

James Repp

Mailing Address 3842 E Hibiscus St

City State Zip Code
Weston FL 33332-2455

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

Name of Employer Occupation
AvMed VP, Commercial Sales

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: 35A797489B757C9600C

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Sue Rohan

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

City State Zip Code
Washington DC 20004

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: 2011051213741-47

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Sue Rohan

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

City State Zip Code
Washington DC 20004

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: 20110613153129-47

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) ▶

466.66

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

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

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

FOR LINE NUMBER: PAGE 27 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Lisa Shreve

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 ▼ 416.70

Date of Receipt: 05 / 13 / 2011
Transaction ID: 2011051213741-48
 Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Lisa Shreve

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 ▼ 416.70

Date of Receipt: 05 / 31 / 2011
Transaction ID: 20110613153129-48
 Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Charles Stellar

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 ▼ 1041.70

Date of Receipt: 05 / 13 / 2011
Transaction ID: 2011051213741-49
 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: PAGE 28 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Charles Stellar

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 ▼ 1041.70

Date of Receipt 05 / 31 / 2011
Transaction ID: 20110613153129-49
Amount of Each Receipt this Period 104.17

B. Full Name (Last, First, Middle Initial)
Randy Stuart

Mailing Address 3544 SW 105th St

City Gainesville State FL Zip Code 32608-9558

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

Name of Employer AvMed Occupation SVP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 02 / 2011
Transaction ID: A9E11A7BFBF22D3C6E4
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Michael Tuffin

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 Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2083.30

Date of Receipt 05 / 13 / 2011
Transaction ID: 2011051213741-51
Amount of Each Receipt this Period 208.33

SUBTOTAL of Receipts This Page (optional) ▶ 612.50

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: PAGE 29 / 38
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Michael Tuffin</p> <p>Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building</p> <p>City State Zip Code Washington DC 20004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation America's Health Insurance Executive Vice President Plans</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2083.30</p>	<p>Date of Receipt 05 / 31 / 2011</p> <p>Transaction ID: 20110613153129-51</p> <p>Amount of Each Receipt this Period 208.33</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Mark Van Koevering</p> <p>Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building</p> <p>City State Zip Code Washington DC 20004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation America's Health Insurance Executive Director Plans</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 833.30</p>	<p>Date of Receipt 05 / 13 / 2011</p> <p>Transaction ID: 2011051213741-53</p> <p>Amount of Each Receipt this Period 83.33</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Mark Van Koevering</p> <p>Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building</p> <p>City State Zip Code Washington DC 20004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation America's Health Insurance Executive Director Plans</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 833.30</p>	<p>Date of Receipt 05 / 31 / 2011</p> <p>Transaction ID: 20110613153129-53</p> <p>Amount of Each Receipt this Period 83.33</p>
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SUBTOTAL of Receipts This Page (optional)	374.99
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Daniel Vigil	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 2011051213741-54
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 31.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Deputy Director, State Publications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.50	

B.	Full Name (Last, First, Middle Initial) Daniel Vigil	Date of Receipt MM / DD / YYYY 05 / 31 / 2011
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 20110613153129-54
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 31.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer: America's Health Insurance Plans Occupation: Deputy Director, State Publications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.50	

C.	Full Name (Last, First, Middle Initial) Barry Wagner	Date of Receipt MM / DD / YYYY 05 / 02 / 2011
	Mailing Address 4300 NW 89th Blvd	Transaction ID: 681E88AE93E5AE6C6C1
	City Gainesville State FL Zip Code 32606-5688	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Avmed Health Plans Occupation: VP Claims & Service Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	362.50
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: PAGE 31 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robert Watson

Mailing Address 113 Abbey Rd

City Danville State PA Zip Code 17821-8423

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

Name of Employer AvMed Inc. Occupation VP, Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 02 / 2011

Transaction ID: D522D2AF32A14C0F321

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Steven Ziegler

Mailing Address 4000 Hollywood Blvd Ste 375S

City Hollywood State FL Zip Code 33021-1210

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

Name of Employer Law Offices of Steven M. Ziegler Pa Occupation Managing Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 02 / 2011

Transaction ID: 21636144236EDE6669B

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Robert Zirkelbach

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 ▼ 1041.70

Date of Receipt 05 / 13 / 2011

Transaction ID: 2011051213741-56

Amount of Each Receipt this Period 104.17

SUBTOTAL of Receipts This Page (optional) ▶ **704.17**

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 / 38	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Robert Zirkelbach		Date of Receipt		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		M M / D D / Y Y Y Y 05 / 31 / 2011		
	City Washington	State DC	Zip Code 20004	Transaction ID: 20110613153129-56	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.17		
	Name of Employer America's Health Insurance Plans		Occupation Press Secretary		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1041.70		

SUBTOTAL of Receipts This Page (optional)	▶	104.17
TOTAL This Period (last page this line number only)	▶	14290.12

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

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

FOR LINE NUMBER: PAGE 33 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
Humana Inc. Political Action Committee

Mailing Address 975 F Street, NW
Suite 550

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00271007

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 8 / 2 0 1 1

Transaction ID: EFFADCE549B42AE2CAF

Amount of Each Receipt this Period
5000.00

PAC to PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Independent Health Association Inc Political Alliance

Mailing Address 2495 Kensington Avenue

City State Zip Code
Buffalo NY 14226

FEC ID number of contributing federal political committee. **C** C00323758

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 8 / 2 0 1 1

Transaction ID: E509A75BC0CE6FB054E

Amount of Each Receipt this Period
5000.00

PAC to PAC Contribution

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	10000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington State DC Zip Code 20004 Purpose of Disbursement Merchant Service Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D964D32332F48E41867 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 1 1	Amount of Each Disbursement this Period 31.74
B.	Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington State DC Zip Code 20004 Purpose of Disbursement Merchant Service Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFF9233713D4CE1CC64 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 1	Amount of Each Disbursement this Period 171.57
C.	Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington State DC Zip Code 20004 Purpose of Disbursement Merchant Service Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 59133C48F44B9BBE283 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 1	Amount of Each Disbursement this Period 31.74

SUBTOTAL of Disbursements This Page (optional)	235.05
TOTAL This Period (last page this line number only)	235.05

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)

A.	Full Name (Last, First, Middle Initial) 2011 Senators Classic Committee	Transaction ID: AADA9E926940257E611
	Mailing Address 228 S Washington Street Suite 115	Date of Disbursement 05 / 16 / 2011
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period 7500.00
	Purpose of Disbursement 2011 Contribution Candidate Name 2011 Senators Classic Committee	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citizens for Altmire	Transaction ID: EBE84B89566CDCAAC37
	Mailing Address PO Box 1776	Date of Disbursement 05 / 16 / 2011
	City Freedom State PA Zip Code 15042	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement 2012 Primary Candidate Name Jason Altmire	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Crowley for Congress	Transaction ID: 6558178E1063FDF572E
	Mailing Address 84-56 Grand Avenue	Date of Disbursement 05 / 16 / 2011
	City Elmhurst State NY Zip Code 11373	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2012 Primary Candidate Name Joseph Crowley	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Debbie Wasserman Schultz for Congress <hr/> Mailing Address 1071 Twin Branch Ln <hr/> City Weston State FL Zip Code 33326 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Debbie Wasserman Schultz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 20	Transaction ID: ED36CB62CF4CFAE8A5E Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Doc Pac <hr/> Mailing Address 2470 Daniell's Bridge Rd Ste 121 <hr/> City Athens State GA Zip Code 30606 <hr/> Purpose of Disbursement 2011 Contribution Candidate Name Doc Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 19ED64E5B68041F2E02 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Larson for Congress <hr/> Mailing Address PO Box 479 <hr/> City Glastonbury State CT Zip Code 06033 <hr/> Purpose of Disbursement 2012 Primary Candidate Name John B. Larson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 01	Transaction ID: 44F0EDD8BB004A58C9E Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mike Ross for Congress Committee

Transaction ID: 06F27AB9E5703B82178

Date of Disbursement

Mailing Address PO Box 360

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	1

City State Zip Code
Prescott AR 71857

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
2012 Primary

011

Category/
Type

Candidate Name
Mike Ross

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AR District: 04

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

1800.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 38

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
Committee to Elect Sylvia Allen 2010

Transaction ID: 6F3670E7999C014DF14

Date of Disbursement

Mailing Address PO Box 952

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

City State Zip Code
Snowflake AZ 85937

Amount of Each Disbursement this Period

-250.00

Purpose of Disbursement
9/9/2010 Contribution Voided

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

-250.00

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

-250.00
