

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 Year-End Report (YE)
  - July 31 Mid-Year Report (Non-election Year Only) (MY)
  - Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |   |                                       |  |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input checked="" type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6)            | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7)            | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y 04 / 01 / 2014 through M M / D D / Y Y Y Y Y 04 / 30 / 2014

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 Charles W. Stellar [Electronically Filed] Date M M / D D / Y Y Y Y Y 05 / 20 / 2014

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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**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="2014"/>	<input type="text" value="30654.98"/>	<input type="text" value="30654.98"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="27511.01"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="17437.26"/>	<input type="text" value="54483.25"/>
(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="44948.27"/>	<input type="text" value="85138.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15592.62"/>	<input type="text" value="55782.58"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="29355.65"/>	<input type="text" value="29355.65"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6562.53	17334.46
(ii) Unitemized .....	874.73	7148.79
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7437.26	24483.25
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	30000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	17437.26	54483.25
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 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))..... ▶	17437.26	54483.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17437.26	54483.25

**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 .....	92.62	282.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	92.62	282.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	55500.00
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	0.00
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)) ..	15592.62	55782.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15592.62	55782.58

**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) .....	17437.26	54483.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17437.26	54483.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	92.62	282.58
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	92.62	282.58

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

City Washington State DC Zip Code 20004

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

Name of Employer Americas Health Insurance Plans Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
04 / 15 / 2014  
**Transaction ID : 20140515135241-3**

Amount of Each Receipt this Period  
125.00

**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 Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
04 / 30 / 2014  
**Transaction ID : 20140515135255-3**

Amount of Each Receipt this Period  
125.00

**C. Carmella Bocchino**  
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 Vice President, Clinical Aff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.64

Date of Receipt  
04 / 15 / 2014  
**Transaction ID : 20140515135241-4**

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 7 OF 29
<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. Carmella Bocchino**  
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 Vice President, Clinical Aff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1666.64

Date of Receipt  
04 / 30 / 2014  
**Transaction ID : 20140515135255-4**

Amount of Each Receipt this Period  
208.33

**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 ▼  
333.36

Date of Receipt  
04 / 15 / 2014  
**Transaction ID : 20140515135241-5**

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 ▼  
333.36

Date of Receipt  
04 / 30 / 2014  
**Transaction ID : 20140515135255-5**

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 291.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
<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. Kathleen Callanan**  
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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.64**

Date of Receipt  
**04 / 15 / 2014**  
Transaction ID : **20140515135241-6**

Amount of Each Receipt this Period  
**83.33**

**B. Kathleen Callanan**  
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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.64**

Date of Receipt  
**04 / 30 / 2014**  
Transaction ID : **20140515135255-6**

Amount of Each Receipt this Period  
**83.33**

**C. Winthrop Cashdollar**  
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 ▼ **500.00**

Date of Receipt  
**04 / 15 / 2014**  
Transaction ID : **20140515135241-7**

Amount of Each Receipt this Period  
**62.50**

**SUBTOTAL** of Receipts This Page (optional)..... **229.16**

**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 9 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Winthrop Cashdollar</b>		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20140515135255-7</b>
Name of Employer America's Health Insurance Plans		Amount of Each Receipt this Period
Occupation Executive Director Product Policy		<input type="text" value="62.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Yvonne Chanatry</b>		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20140515135241-8</b>
Name of Employer America's Health Insurance Plans		Amount of Each Receipt this Period
Occupation Vice President, Marketing and Graphics		<input type="text" value="104.17"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="833.36"/>	

Full Name (Last, First, Middle Initial) <b>C. Yvonne Chanatry</b>		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20140515135255-8</b>
Name of Employer America's Health Insurance Plans		Amount of Each Receipt this Period
Occupation Vice President, Marketing and Graphics		<input type="text" value="104.17"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="833.36"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="270.84"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Rebecca Cole</b>		Date of Receipt 04 / 15 / 2014 <b>Transaction ID : 20140515135241-10</b>
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. <b>C</b>		Aggregate Year-to-Date ▼ 250.00
Name of Employer America's Health Insurance Plans	Occupation Director, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Rebecca Cole</b>		Date of Receipt 04 / 30 / 2014 <b>Transaction ID : 20140515135255-10</b>
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. <b>C</b>		Aggregate Year-to-Date ▼ 250.00
Name of Employer America's Health Insurance Plans	Occupation Director, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Gregory Dean</b>		Date of Receipt 04 / 15 / 2014 <b>Transaction ID : 20140515135241-13</b>
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. <b>C</b>		Aggregate Year-to-Date ▼ 500.00
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 29
	<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. Gregory Dean**  
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 Insurance Education

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**04 / 30 / 2014**  
Transaction ID : **20140515135255-13**

Amount of Each Receipt this Period  
**62.50**

**B. Mary Beth Donahue**  
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 VP, Policy & Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.64**

Date of Receipt  
**04 / 15 / 2014**  
Transaction ID : **20140515135241-15**

Amount of Each Receipt this Period  
**208.33**

**C. Mary Beth Donahue**  
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 VP, Policy & Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.64**

Date of Receipt  
**04 / 30 / 2014**  
Transaction ID : **20140515135255-15**

Amount of Each Receipt this Period  
**208.33**

**SUBTOTAL** of Receipts This Page (optional)..... **479.16**

**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 12 OF 29  
(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)**

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 Executive Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1666.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : 20140515135241-16**

Amount of Each Receipt this Period  
208.33

Full Name (Last, First, Middle Initial)  
**B. 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 Executive Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1666.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : 20140515135255-16**

Amount of Each Receipt this Period  
208.33

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 ▼  
333.36

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : 20140515135241-17**

Amount of Each Receipt this Period  
41.67

**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 13 OF 29
	<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 ▼ 333.36

Date of Receipt  
 04 / 30 / 2014  
**Transaction ID : 20140515135255-17**  
 Amount of Each Receipt this Period  
 41.67

**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 Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 04 / 15 / 2014  
**Transaction ID : 20140515135241-19**  
 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 Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 04 / 30 / 2014  
**Transaction ID : 20140515135255-19**  
 Amount of Each Receipt this Period  
 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 29
	<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) <b>A. Leanne Gassaway</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 <b>Transaction ID : 20140515135255-20</b>
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 ▼ 216.64
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>B. Cynthia Goff</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2014 <b>Transaction ID : 20140515135241-21</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 83.33
City Washington	State DC	
Zip Code 20004	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 541.66
Name of Employer BlueCross and BlueShield of Minnesota	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>C. Cynthia Goff</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 <b>Transaction ID : 20140515135255-21</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 83.33
City Washington	State DC	
Zip Code 20004	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 541.66
Name of Employer BlueCross and BlueShield of Minnesota	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	193.74
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 29  
(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)**

Full Name (Last, First, Middle Initial)  
**A. Stephen Goldstone**

Mailing Address 2921 Capitol Ave

City Cheyenne State WY Zip Code 82001-2754

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

Name of Employer WINHealth PARTNERS Occupation COO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 04 / 29 / 2014  
**Transaction ID : D2CA87E01B504B649B80**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
 250.00

Date of Receipt  
 04 / 15 / 2014  
**Transaction ID : 20140515135241-23**

Amount of Each Receipt this Period  
 31.25

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
 250.00

Date of Receipt  
 04 / 30 / 2014  
**Transaction ID : 20140515135255-23**

Amount of Each Receipt this Period  
 31.25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 562.50

**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 16 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. 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 ▼ **333.36**

Date of Receipt  
**04 / 15 / 2014**  
Transaction ID : **20140515135241-24**

Amount of Each Receipt this Period  
**41.67**

**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 ▼ **333.36**

Date of Receipt  
**04 / 30 / 2014**  
Transaction ID : **20140515135255-24**

Amount of Each Receipt this Period  
**41.67**

**C. Erik Komendant**  
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW  
Suite 500, South Building

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 Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
**04 / 17 / 2014**  
Transaction ID : **1D7A9D78A8464267A7E7**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1083.34**

**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 17 OF 29
	<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. Crystal Kuntz**  
 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  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : 20140515135241-28**  
 Amount of Each Receipt this Period  
 83.33

**B. Crystal Kuntz**  
 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  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : 20140515135255-28**  
 Amount of Each Receipt this Period  
 83.33

**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 ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : 20140515135241-29**  
 Amount of Each Receipt this Period  
 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	208.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 29
	<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. 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 ▼ 333.36

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : 20140515135255-29**  
 Amount of Each Receipt this Period  
 41.67

**B. Courtney Lawrence**  
 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, Federal Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : 20140515135255-30**  
 Amount of Each Receipt this Period  
 83.33

**C. 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 ▼ 666.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : 20140515135241-31**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	208.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 29
	<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. 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 ▼ 666.64

Date of Receipt  
 04 / 30 / 2014  
**Transaction ID : 20140515135255-31**  
 Amount of Each Receipt this Period  
 83.33

**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 ▼ 833.36

Date of Receipt  
 04 / 15 / 2014  
**Transaction ID : 20140515135241-39**  
 Amount of Each Receipt this Period  
 104.17

**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 ▼ 833.36

Date of Receipt  
 04 / 30 / 2014  
**Transaction ID : 20140515135255-39**  
 Amount of Each Receipt this Period  
 104.17

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	291.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 29
	<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. 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 ▼  
500.00

Date of Receipt  
04 / 15 / 2014  
**Transaction ID : 20140515135241-40**

Amount of Each Receipt this Period  
62.50

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

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Senior Associate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 30 / 2014  
**Transaction ID : 20140515135255-40**

Amount of Each Receipt this Period  
62.50

**C. Susan Pisano**  
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Vice President Strategic Communication

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1075.12

Date of Receipt  
04 / 15 / 2014  
**Transaction ID : 20140515135241-44**

Amount of Each Receipt this Period  
134.39

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 259.39

**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 29
	<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. Susan Pisano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer America's Health Insurance Plans Occupation Vice President Strategic Communication  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1075.12

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : 20140515135255-44**  
 Amount of Each Receipt this Period  
 134.39

**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 ▼ 666.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : 20140515135241-45**  
 Amount of Each Receipt this Period  
 83.33

**C. 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 ▼ 666.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : 20140515135255-45**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	301.05
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 OF 29 (check only one)
<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"/>	<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 Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
04 / 15 / 2014  
**Transaction ID : 20140515135241-46**

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 Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
04 / 30 / 2014  
**Transaction ID : 20140515135255-46**

Amount of Each Receipt this Period  
125.00

**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 ▼ 333.36

Date of Receipt  
04 / 15 / 2014  
**Transaction ID : 20140515135241-48**

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 291.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 29
	<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. 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 ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : 20140515135255-48**  
 Amount of Each Receipt this Period  
 41.67

**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  
 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 ▼ 833.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : 20140515135241-50**  
 Amount of Each Receipt this Period  
 104.17

**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 ▼ 833.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : 20140515135255-50**  
 Amount of Each Receipt this Period  
 104.17

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 29
	<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 ▼ 400.00

Date of Receipt  
04 / 15 / 2014  
**Transaction ID : 20140515135241-54**

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 ▼ 400.00

Date of Receipt  
04 / 30 / 2014  
**Transaction ID : 20140515135255-54**

Amount of Each Receipt this Period  
50.00

**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 ▼ 666.64

Date of Receipt  
04 / 15 / 2014  
**Transaction ID : 20140515135241-56**

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 183.33

**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 25 OF 29
	<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 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 ▼ 666.64

Date of Receipt  
 04 / 30 / 2014  
**Transaction ID : 20140515135255-56**  
 Amount of Each Receipt this Period  
 83.33

**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 ▼ 833.36

Date of Receipt  
 04 / 15 / 2014  
**Transaction ID : 20140515135241-59**  
 Amount of Each Receipt this Period  
 104.17

**C. 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 ▼ 833.36

Date of Receipt  
 04 / 30 / 2014  
**Transaction ID : 20140515135255-59**  
 Amount of Each Receipt this Period  
 104.17

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	291.67
<b>TOTAL</b> This Period (last page this line number only).....▶	6562.53

**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 29
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Humana Inc. Political Action Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 975 F Street, NW  
 Suite 550  
 City Washington State DC Zip Code 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 Y Y  
 04 / 18 / 2014  
**Transaction ID : EB08BC2FA4C94648B5DF**  
 Amount of Each Receipt this Period  
 5000.00

**B. Mvp Health Care Inc. Federal PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 625 State Street  
 City Schenectady State NY Zip Code 12305  
 FEC ID number of contributing federal political committee. **C** C00431429  
 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 Y Y  
 04 / 08 / 2014  
**Transaction ID : C483C7EED6344753A187**  
 Amount of Each Receipt this Period  
 5000.00  
 AHIP PAC Annual Contribution

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> 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)**

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D872A0BD1D0BCBC6C22**

Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : AED5866DAE06256EE51**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 12312 Port Grace Boulevard

City La Vista State NE Zip Code 68128

Purpose of Disbursement  
Paypal fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VA4C6D03A1022652B72B**

Amount of Each Disbursement this Period

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

**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)**

Full Name (Last, First, Middle Initial)

**A. Ameripac: the Fund for a Greater America**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Ameripac: the Fund for a Greater America**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2014

**Transaction ID : 6B6A0C27D4B86B22543**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Every Republican Is Crucial (ERICPAC)**

Mailing Address 25 E Main Street  
Suite 200

City Richmond State VA Zip Code 23219-2109

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Every Republican Is Crucial (ERICPAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2014

**Transaction ID : 5C6035CBF74B856CAE4**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Patrick Murphy**

Mailing Address 4521 Pga Blvd. #412

City Palm Beach Gardens State FL Zip Code 33418

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Patrick E. Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: FL District: 18

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2014

**Transaction ID : D707E5FBE7171159287**

Amount of Each Disbursement this Period

1000.00

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

6000.00

**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)**

Full Name (Last, First, Middle Initial)

**A. Joe Garcia for Congress**

Mailing Address PO Box 330871

City Miami State FL Zip Code 33233

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Jose A. Garcia**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	29	/	2014

Transaction ID : 95E1DF8F0D577D3311C

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. National Republican Senatorial Committee**

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**National Republican Senatorial Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	15	/	2014

Transaction ID : 6DF2BF6E2B29D6F063F

Amount of Each Disbursement this Period

7500.00
---------

Full Name (Last, First, Middle Initial)

**C. Scott Peters for Congress**

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Scott H. Peters**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	03	/	2014

Transaction ID : A92B0E3773F8697205F

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9500.00
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**TOTAL** This Period (last page this line number only)..... ▶

15500.00
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