Image# 14961165788 PAGE 1 / 29

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Americas Health Insura	nce Plans PAC (A	AHIP PAC)	
ADDRESS (number and street)	601 Pennsylvania Avenu	ie, NW	
The street and street	South Building, Suite 50	0	
Check if different than previously reported. (ACC)	Washington		DC 20004 -
2. FEC IDENTIFICATION NUM	MBER ▼	CITY 🛦	STATE ▲ ZIP CODE ▲
C C00106740	3.	IS THIS REPORT X (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) X May 20	(M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On.	Mar 20 (M3) Jun 20 (	(Non-Election Year Only)
April 15		Apr 20 (M4) Jul 20 (M	M7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1)  July 15  Quarterly Report (Q2)	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15	Report for the	: Convention (12C)	Special (12S)
Quarterly Report (Q3)  January 31  Year-End Report (YE)		ection on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election		Runoff (30R) Special (30S)
Termination Report (TER)	Report for the	ection on	in the State of
5. Covering Period 04	/ 01 / Y Y	4 through	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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 05 / 20 / 2014
NOTE: Submission of false, erroneo	us, or incomplete informa	ation may subject the person sign	ing this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

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

Report Covering the Period: From: 04 01 2014 To: 04 30 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		30654.98
	(b) Cash on Hand at Beginning of Reporting Period	27511.01	
	(c) Total Receipts (from Line 19)	17437.26	54483.25
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44948.27	85138.23
7.	Total Disbursements (from Line 31)	15592.62	55782.58
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29355.65	29355.65
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

I. Receipts	COLUMN B Calendar Year-to-Date				
Contributions (other than loans) From:	Total This Period				
(a) Individuals/Persons Other					
Than Political Committees		47004.40			
(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	10000.00	30000.00			
(such as PACs)	7	33000.00			
(d) Total Contributions (add Lines					
11(a)(iii), (b), and (c)) (Carry	17437.26	54483.25			
Totals to Line 33, page 5)	11707.20				
Party Committees	0.00	0.00			
r unity committees	, , ,				
. All Loans Received	0.00	0.00			
. Loan Repayments Received	0.00	0.00			
. Offsets To Operating Expenditures	7				
(Refunds, Rebates, etc.)					
(Carry Totals to Line 37, page 5)	0.00	0.00			
. Refunds of Contributions Made	7	7			
to Federal Candidates and Other					
Political Committees	0.00	0.00			
. Other Federal Receipts					
(Dividends, Interest, etc.)	0.00	0.00			
. 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			
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	17437.26	54483.25			
. 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
	Operating Expenditures:  (a) Allocated Federal/Non-Federal  Activity (from Schedule H4)		2.1.2.1.2.1.1.2.1.1.2.1.2.1.2.1.2.1.2.1
	(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	92.62	282.58
22.	(add 21(a)(i), (a)(ii), and (b))▶  Transfers to Affiliated/Other Party	32.02	202.00
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	15500.00	55500.00
	Independent Expenditures	0.00	0.00
25. (	(use Schedule E) Coordinated Party Expenditures	0.00	0.00
	(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
	Refunds of Contributions To: (a) Individuals/Persons Other		0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		0.00
	(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
	5		
	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
81. ·	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)	45502.62	EE700 E0
1	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
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17437.26	54483.25
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	92.62	282.58
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	92.62	282.58

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

29

for each category of the Detailed Summary Page 14 13 15 16 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) Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140515135241-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Vice President Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2014 City State Zip Code Transaction ID: 20140515135255-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Americas Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 15 2014 City State Zip Code Transaction ID: 20140515135241-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.64 Other (specify) 458.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER (check only one)

				PAGE	7	OF	29	
(che	ck only	or	ne)					
X	11a		11b		11c	12	2	
	13		14		15	16	6	17

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance PI	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  Carmella Bocchino		Date of Receipt
Mailing Address 601 Pennsylvania Avenue I	N.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building City	State Zip Code	04 30 2014 Transaction ID : 20140515135255-4
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	208.33
Name of Employer	Occupation	-
America's Health Insurance Plans	Executive Vice President, Clinical Aff	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General  Other (specify) ▼	1666.64	
Full Name (Last, First, Middle Initial)  Dianne Bricker		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N	N.W.	M M / D D / Y Y Y Y
Suite 500, South Building City	State Zip Code	04 15 2014
Washington	DC 20004	Transaction ID : 20140515135241-5  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	-
America's Health Insurance Plans	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	333.36	
Full Name (Last, First, Middle Initial)  Dianne Bricker		Date of Receipt
Mailing Address 601 Pennsylvania Avenue   Suite 500, South Building		04 30 / 2014
City Washington	State Zip Code DC 20004	Transaction ID : 20140515135255-5  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	-
America's Health Insurance Plans	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General  Other (specify) ▼	333.36	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	291.67
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER:				PAGE	8	OF	29	
(che	ck only	or	ne)					
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	13		14		15	16	;	17

Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Americas Health Insurance Plans	s PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  A. Kathleen Callanan		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W.		M = M / D = D / Y = Y = Y
Suite 500, South Building	Chata 7:- Cada	04 15 2014
City Washington	State Zip Code DC 20004	Transaction ID : 20140515135241-6
	20007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	666.64	
Other (specify) ▼	000.04	
Full Name (Last, First, Middle Initial)  Kathleen Callanan		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W.		M = M / D = D / Y = Y = Y
Suite 500, South Building	State Zip Code	04 30 2014
City Washington	State Zip Code DC 20004	Transaction ID: 20140515135255-6
	1 2000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	666.64	
Full Name (Last, First, Middle Initial)  C. Winthrop Cashdollar		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W		M = M / D = D / Y = Y = Y
Suite 500, South Building		04 15 2014
City Washington	State Zip Code DC 20004	Transaction ID : 20140515135241-7
Washington	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	62.50
Name of Employer	Occupation	
America's Health Insurance Plans	Executive Director Product Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		229.16
TOTAL This Period (last page this line number of	nly)	

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 9 OF

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	ck onl 11a 13	y or	ne) 11b 14	11c 15	12 16	17
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	g the name and address of any political committee	
Americas Health Insurance	Plans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Winthrop Cashdollar		Date of Receipt
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building	1	04 30 2014
City	State Zip Code DC 20004	Transaction ID : 20140515135255-7
Washington	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	7
America's Health Insurance Plans	Executive Director Product Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Yvonne Chanatry	,	Date of Receipt
Mailing Address 601 Pennsylvania Avenu		M = M / D = D / Y = Y = Y
Suite 500, South Building City	State Zip Code	04 15 2014
Washington	DC 20004	Transaction ID : 20140515135241-8  Amount of Each Receipt this Period
FEC ID number of contributing	2000	Amount of Lacif neceipt this Feriod
federal political committee.	C	104.17
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President, Marketing and Graphics	_
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	833.36	
Full Name (Last, First, Middle Initial)  2. Yvonne Chanatry	<u> </u>	Date of Receipt
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building	g	04 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20140515135255-8
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer	Occupation	_
America's Health Insurance Plans	Vice President, Marketing and Graphics	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	833.36	
SUBTOTAL of Receipts This Page (options	al)	270.84
	,	
TOTAL This Period (last page this line nur	mber only)	

	FOF	R LINE	NU	MBER	:	PAGE	_ 1	10	OF	29	9
Use separate schedule(s) for each category of the	(che	eck only	or	ne)							
Detailed Summary Page	×	11a		11b		11c		12			
,		13		14		15		16	.	1	7

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) Rebecca Cole Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140515135241-10 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director, Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rebecca Cole Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2014 City State Zip Code Transaction ID: 20140515135255-10 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director, Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 04 15 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140515135241-13 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

125.00

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

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

FOR LINE NUMBER: PAGE 11 (check only one) X 11a 11b 12 11c

29 Use separate schedule(s) for each category of the Detailed Summary Page 14 13 15 16 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) Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2014 City Zip Code State Transaction ID: 20140515135255-13 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 15 2014 City State Zip Code Transaction ID: 20140515135241-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.64 Other (specify) Full Name (Last, First, Middle Initial) c. Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 04 2014 City State Zip Code Transaction ID: 20140515135255-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.64 Other (specify) 479.16 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 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) Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 2014 City Zip Code State Transaction ID: 20140515135241-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.64 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2014 City State Zip Code Transaction ID: 20140515135255-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.64 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 04 15 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140515135241-17 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) 458.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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for each category of the Detailed Summary Page 14 13 15 16 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) Leanne Gassaway Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2014 City Zip Code State Transaction ID: 20140515135255-20 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 27.08 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 216.64 Other (specify) Full Name (Last, First, Middle Initial) B. Cynthia Goff Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 15 2014 City State Zip Code Transaction ID: 20140515135241-21 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation BlueCross and BlueShield of Minnesota **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 541.66 Other (specify) Full Name (Last, First, Middle Initial) c. Cynthia Goff Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 04 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140515135255-21 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation BlueCross and BlueShield of Minnesota **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 541.66 Other (specify) 193.74 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF 29 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 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) Stephen Goldstone Date of Receipt Mailing Address 2921 Capitol Ave 2014 City Zip Code State Transaction ID: D2CA87E01B504B649B80 WY Cheyenne 82001-2754 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation WINHealth PARTNERS COO Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joni Hong Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 15 2014 City State Zip Code Transaction ID: 20140515135241-23 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel, Special Proj Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joni Hong Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 04 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140515135255-23 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel, Special Proj Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 562.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF 29 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 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) Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 2014 City Zip Code State Transaction ID: 20140515135241-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Client Learning Servi Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2014 City State Zip Code Transaction ID: 20140515135255-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Client Learning Servi Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Erik Komendant Date of Receipt Mailing Address 601 Pennsylvania Ave NW 04 17 2014 Suite 500, South Building City Zip Code State Transaction ID: 1D7A9D78A8464267A7E7 DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1083.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

29

for each category of the Detailed Summary Page 14 13 15 16 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) Crystal Kuntz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140515135241-28 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 666.64 Other (specify) Full Name (Last, First, Middle Initial) B. Crystal Kuntz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2014 City State Zip Code Transaction ID: 20140515135255-28 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 666.64 Other (specify) Full Name (Last, First, Middle Initial) **c.** Barbara Lardy Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 04 15 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140515135241-29 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Clinical Affair Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) 208.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 18 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) Barbara Lardy Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2014 City Zip Code State Transaction ID: 20140515135255-29 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Clinical Affair Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Courtney Lawrence Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2014 City State Zip Code Transaction ID: 20140515135255-30 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) Full Name (Last, First, Middle Initial) c. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 04 15 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140515135241-31 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation Senior Director Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 666.64 Other (specify) 208.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Stat or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	PAC (AHIP PAC)	
America's Health Insurance Plans  Receipt For:  Primary General  Other (specify)	State Zip Code DC 20004  C  Occupation Senior Director Public Affairs  Aggregate Year-to-Date ▼  666.64	Date of Receipt  M M J 30 2014  Transaction ID: 20140515135255-31  Amount of Each Receipt this Period  83.33
America's Health Insurance Plans	State Zip Code DC 20004  C  Occupation General Counsel  Aggregate Year-to-Date ▼  833.36	Date of Receipt  O4 15 2014  Transaction ID: 20140515135241-39  Amount of Each Receipt this Period  104.17
America's Health Insurance Plans	State Zip Code DC 20004  C  Occupation  General Counsel  Aggregate Year-to-Date ▼	Date of Receipt  O4 30 2014  Transaction ID: 20140515135255-39  Amount of Each Receipt this Period  104.17
SUBTOTAL of Receipts This Page (optional)		291.67
TOTAL This Period (last page this line number on	ly)	

FOR LINE NUMBER: PAGE 20 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140515135241-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2014 City State Zip Code Transaction ID: 20140515135255-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Susan Pisano Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 04 15 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140515135241-44 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 134.39 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Strategic Communication Receipt For: Aggregate Year-to-Date ▼ Primary General 1075.12 Other (specify) 259.39 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 21 Use separate schedule(s) (check only one) X 11a 11b 12 11c

29

for each category of the Detailed Summary Page 14 13 15 16 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) Susan Pisano Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2014 City Zip Code State Transaction ID: 20140515135255-44 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 134.39 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Strategic Communication Receipt For: Aggregate Year-to-Date ▼ Primary General 1075.12 Other (specify) Full Name (Last, First, Middle Initial) B. Lawrence Platt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 15 2014 City State Zip Code Transaction ID: 20140515135241-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director Receipt For: Aggregate Year-to-Date ▼ Primary General 666.64 Other (specify) Full Name (Last, First, Middle Initial) c. Lawrence Platt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 04 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140515135255-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Director Receipt For: Aggregate Year-to-Date ▼ Primary General 666.64 Other (specify) 301.05 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 22 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

29

for each category of the Detailed Summary Page 14 13 15 16 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) Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140515135241-46 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2014 City State Zip Code Transaction ID: 20140515135255-46 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 15 2014 City State Zip Code Transaction ID: 20140515135241-48 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Senior Vice President, Professional Pr America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) 291.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

29

Detailed Summary Page 14 13 15 16 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) Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2014 City Zip Code State Transaction ID: 20140515135255-48 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Professional Pr Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 15 2014 City State Zip Code Transaction ID: 20140515135241-50 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 833.36 Other (specify) Full Name (Last, First, Middle Initial) c. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 04 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140515135255-50 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 833.36 Other (specify) 250.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 24 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) Claudia Tucker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140515135241-54 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Claudia Tucker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2014 City State Zip Code Transaction ID: 20140515135255-54 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 15 2014 City State Zip Code Transaction ID: 20140515135241-56 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 666.64 Other (specify) 183.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 25 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

29

for each category of the Detailed Summary Page 14 13 15 16 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) Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 2014 30 City Zip Code State Transaction ID: 20140515135255-56 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 666.64 Other (specify) Full Name (Last, First, Middle Initial) B. Robert Zirkelbach Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 15 2014 City State Zip Code Transaction ID: 20140515135241-59 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Press Secretary Receipt For: Aggregate Year-to-Date ▼ Primary General 833.36 Other (specify) Full Name (Last, First, Middle Initial) c. Robert Zirkelbach Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 04 30 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140515135255-59 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Press Secretary** Receipt For: Aggregate Year-to-Date ▼ Primary General 833.36 Other (specify) 291.67 SUBTOTAL of Receipts This Page (optional)..... 6562.53 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 OF 29 (check only one)  11a 11b X 11c 12 13 14 15 16 17	
	ly information copied from such Reports and St for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (	AHIP PAC)		
Α.	Full Name (Last, First, Middle Initial) Humana Inc. Political Action Committee	Date of Receipt			
	Mailing Address 975 F Street, NW Suite 550	04 18 2014			
	City Washington	State DC	Zip Code 20004	Transaction ID : EB08BC2FA4C94648B5DF  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C co	0271007	5000.00	
	Name of Employer	Occupation	1		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00		
— В.	Full Name (Last, First, Middle Initial)  Mvp Health Care Inc. Federal PAC			Date of Receipt	
	Mailing Address 625 State Street			04 08 2014	
	City Schenectady	State NY	Zip Code 12305	Transaction ID : C483C7EED6344753A187  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C co	0431429	5000.00	
	Name of Employer	Occupation	1	AHIP PAC Annual Contribution	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00		
Full Name (Last, First, Middle Initial)  C.				Date of Receipt	
Ο.	Mailing Address			M = M / D = D / Y = Y = Y	
	City State Zip Code			Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С			
	Name of Employer	Occupation	1		
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼		
5	UBTOTAL of Receipts This Page (optional)			10000.00	

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

10000.00

## 17

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	F	AGE 27	OF 29
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orleast orlin)				
	Detailed Summary Page	X 21b	22 28a	23 24 28b 28	25	26 30b
Any information popied from such Bereits and Older	monto mou not be sald some					
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or us me and address of any politi	cal committee to	on for the purp solicit contribu	utions from s	irig contrib uch commi	ulions ittee.
NAME OF COMMITTEE (In Full)						
Americas Health Insurance Plans	PAC (AHIP PAC)					
Full Name (Last, First, Middle Initial)						
A. Citibank			Date of Dis	bursement		
			M = M /	D D /	Y   Y   Y	Y
Mailing Address 1101 Pennsylvania Ave, NW			04	01	2014	
11th Floor City	State Zip Code					
Washington	DC 20004		Transaction	on ID : D872	A0BD1D0B	3CBC6C22
Purpose of Disbursement Merchant Bankcard Fees						
Candidate Name		001	Amount of I	Each Disburs	ement this	Period
Candidate Ivallie		Category/ Type			3	31.66
Office Sought: House Disburse	ment For:	1,700		, , ,		
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) <b>B. Citibank</b>			Date of Dis	bursement		
Ollibarik			M = M /	D D /	YYY	Y
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor			04	10	2014	
City	State Zip Code		Transacti	on ID : AED5	866DAE06	3256EE51
Washington Purpose of Disbursement	DC 20004					
Merchant Bankcard Fees		001	Amount of I	Each Disburs	ement this	Period
Candidate Name		Category/				31.66
Office County   House		Туре		7 7		31.00
Office Sought: House Disburse Senate	ment For:  Primary General					
President	Other (specify)					
State: District:	· · · · · ·					
Full Name (Last, First, Middle Initial)						
C. Paypal			Date of Dis			
Mailing Address 12312 Port Grace Boulevard			M M /	17 /	2014	Y
-	State Zip Code NE 68128		Transacti	on ID : VA4C	6D03A102	2652B72B
La Vista Purpose of Disbursement	NL 00120					
Paypal fee		001	Amount of I	Each Disburs	ement this	Period
Candidate Name		Category/			2	29.30
Office Sought: House Disburse	ment For:	Туре		, , , ,		.5.55
Senate Dispurse	Primary General					
President	Other (specify) ▼					
State: District:	•					
						2 62
SUBTOTAL of Disbursements This Page (optional).		·····•		, , ,	9	92.62
TOTAL This Period (last page this line number only	·)				9	92.62

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 28 OF 29				
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)			
<del>-</del> <del>-</del>	Detailed Summary Page	21b	22 🗙 23	24 25 26		
		27	28a 28b	28c 29 30l		
Any information copied from such Reports and State	ements may not be sold or u	sed by any personal	on for the purpose of	soliciting contributions		
or for commercial purposes, other than using the na	me and address of any polit	icai committee to	SOlicit contributions fr	om such committee.		
NAME OF COMMITTEE (In Full)						
Americas Health Insurance Plans	PAC (AHIP PAC)					
Full Name (Last, First, Middle Initial)						
Ameripac: the Fund for a Greater America			Date of Disbursement			
Mailing Address 700 40th Chroat NW			M M / D D / Y Y Y Y			
Mailing Address 700 13th Street, NW Suite 600		04 03	2014			
City	State Zip Code					
Washington	DC 20005		Transaction ID: 6B6A0C27D4B86B22543			
Purpose of Disbursement						
2014 Contribution		011	Amount of Each Di	sbursement this Period		
Candidate Name		Category/		2500.00		
Ameripac: the Fund for a Greater		Type		2300.00		
	ement For: 2014					
Senate	Primary General					
State: President State:	Other (specify)   Contribution					
	Continbution	1				
Full Name (Last, First, Middle Initial)  B. Every Populational of Crucial (EDI)	CDAC)		Date of Disburseme	ant .		
Every Republican is Crucial (ERI	Every Republican Is Crucial (ERICPAC)			_		
Mailing Address 25 E Main Street			04 04	2014		
Suite 200						
City	State Zip Code		Transaction ID : 4	5C6035CBF74B856CAE4		
Richmond	VA 23219-2109		Transaction ib	7000330BI 74B0300AE4		
Purpose of Disbursement 2014 Contribution		244	Amount of Foots Di	alana and alain Baria d		
Candidate Name		011	Amount of Each Di	sbursement this Period		
Every Republican Is Crucial (ERIC	PAC)	Category/		2500.00		
	ement For: 2014	Туре				
Senate	Primary General					
	Other (specify)					
State: District:	Contributio	n				
Full Name (Last, First, Middle Initial)						
C. Friends of Patrick Murphy			Date of Disburseme	ent		
, , , , , , , , , , , , , , , , , , ,			M M / D D	/ Y Y Y Y Y		
Mailing Address 4521 Pga Blvd. #412			04 29	2014		
City	Ctata Zin Cada					
City Palm Beach Gardens	State Zip Code FL 33418		Transaction ID: I	D707E5FBE7171159287		
Purpose of Disbursement	12 00410					
2014 Primary 011			Amount of Each Di	sbursement this Period		
Candidate Name Category/			Amount of Edon Br			
Patrick E. Murphy		Type		1000.00		
Office Sought: House Disburse	ement For: 2014		,	,		
Senate	Primary General					
President	Other (specify) ▼					
State: FL District: 18						
				2000.00		
SUBTOTAL of Disbursements This Page (optional)		·····		6000.00		
TOTAL This Period (last page this line number onl	y)					

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 29	OF 29		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	21b	22 🗙 23 24 25	26		
		27	28a 28b 28c 29	30		
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)	The and address of any point		Solicit contributions from Such commi			
Americas Health Insurance Plans	PAC (AHIP PAC)					
Americas riealti insurance rians	I AC (AIIII I AC)					
Full Name (Last, First, Middle Initial)						
Joe Garcia for Congress			Date of Disbursement			
Mailing Address PO Box 330871			04 29 2014			
O'h	01-1- 7:- 0-1-					
City Miami	State Zip Code FL 33233		Transaction ID: 95E1DF8F0D577	7D3311C		
Purpose of Disbursement	12 33233					
2014 Primary		011	Amount of Each Disbursement this	Period		
Candidate Name		Category/		1		
Jose A. Garcia		Type	100	00.00		
Office Sought: House Disburse	ement For: 2014					
Senate	Primary General					
President	Other (specify) ▼					
State: FL District: 26						
Full Name (Last, First, Middle Initial)			Date of Disbursement			
B. National Republican Senatorial Control	ommillee			V		
Mailing Address 425 Second Street NE			04 15 2014	- Y		
•						
City	State Zip Code		Transaction ID : 6DF2BF6E2B29	D6F063F		
Washington Purpose of Disbursement	DC 20002					
2014 Contribution		011	Amount of Each Disbursement this	Period		
Candidate Name			Amount of Each Biobardement this	Tonoa		
National Republican Senatorial Co	ommittee	Category/ Type	750	00.00		
	ement For: 2014	71	,			
Senate	Primary General					
President	Other (specify) ▼					
State: District:	Contribution	1				
Full Name (Last, First, Middle Initial)						
C. Scott Peters for Congress			Date of Disbursement			
Mailing Address DO Day 70000			04 03 2014	Y		
Mailing Address PO Box 70980	04 03 2014	_				
City	State Zip Code		T .: ID 400D05055555			
Washington	DC 20024		Transaction ID : A92B0E3773F86	9/205F		
Purpose of Disbursement 2014 Primary						
Candidate Name		011	Amount of Each Disbursement this	Period		
Scott H. Peters		Category/	100	0.00		
	ement For: 2014	Type		-		
Senate Dispurse	Primary General					
President	Other (specify)					
State: CA District: 52	, , ,, <del>,</del>					
SUBTOTAL of Disbursements This Page (optional).			950	0.00		
TOTAL This Period (last page this line number only	/)		1550	0.00		