Image# 13942315805			_	PAGE 1 / 37
	EPORT OF F ND DISBURS Other Than An Author	SEMENTS	;	Office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT 🔻	Example: If typing over the lines.	, type 12FE4M	15
Americas Health Insuran	ce Plans PAC (AHIP	PAC)		
ADDRESS (number and street)	601 Pennsylvania Avenue, NV	/ 		
▼	South Building, Suite 500			
Check if different than previously reported. (ACC)	₩ashington 		DC	20004
2. FEC IDENTIFICATION NUMB	BER V CITY	A	STATE 🔺	ZIP CODE
C C00106740	3. IS T REF	THIS X NE PORT X (N		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) 	(b) Monthly Report Due On: Apr 20 (c) 12-Day PRE-Election Report for the: Election	0 (M3) Ju 0 (M4) Ju Primary (12P) Convention (12	n 20 (M6) Se I 20 (M7) Oc Genera	
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day POST -Election Report for the: Election	General (30G)	D D / Y Y Y Y	
5. Covering Period	/ D D / Y Y Y Y 01 2013	through	M M / D D 10 31	/ Y Y Y Y 2013
T certify that I have examined this F Type or Print Name of Treasurer	Report and to the best of m Charles W. Stellar	y knowledge and be	elief it is true, correct a	and complete.
Signature of Treasurer Charles V	V. Stellar	[Electronically]	Filed] Date 11	M / D D / Y Y Y Y 18 2013
NOTE: Submission of false, erroneous	s, or incomplete information r	nay subject the perso	n signing this Report to	the penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

11/18/2013 14 : 21

FEC Form 3X (Rev. 02/2003)

Page 2

Write	or	Type	Committee	Name

Americas Health Insurance Plans PAC (AHIP PAC)

R	eport Covering the Period: From:	0 / 01 / Y Y Y Y Y 2013 To:	10 / Y Y Y Y 10 31 / 2013
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		43551.88
	(b) Cash on Hand at Beginning of Reporting Period	29483.62	
	(c) Total Receipts (from Line 19)	5847.70	141850.60
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	35331.32	185402.48
7.	Total Disbursements (from Line 31)	3063.32	153134.48
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32268.00	32268.00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

X

Imano#	13942315807	
iiiiaye#	13342313007	

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	5691.76	92464.74
		0005 00
(ii) Unitemized	155.94	9385.86
(iii) TOTAL (add	5847.70	101850.60
Lines 11(a)(i) and (ii)▶	7 7 7 3047.70	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	40000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	5847.70	141850.60
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
3. All Loans Received	7 7 7	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made	7 7 7	0.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	7 7 7	
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds	7 7 7	
(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))▶	5847.70	141850.60
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	5847.70	141850.60

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)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	63.32	884.48
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	63.32	884.48
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	3000.00	152000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d))	0.00	
(use Schedule F)		0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(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	250.00
Other Disbursements	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	3063.32	153134.48
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	3063.32	153134.48

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L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures			
 Total Contributions (other than loans) (from Line 11(d), page 3) 	5847.70	141850.60	
 Total Contribution Refunds (from Line 28(d)) 	0.00	250.00	
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	5847.70	141600.60	
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	63.32	884.48	
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	63.32	884.48	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and St for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	is PAC (A	AHIP PAC)				
A.	Full Name (Last, First, Middle Initial) Jeremy Allen Mailing Address 601 Pennsylvania Avenue N.W	Ι.		Date of Receipt			
	Suite 500, South Building	10 15 2013 Transaction ID : 2013101195228-2					
	Washington	DC	20004	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		83.33			
	Name of Employer	Occupation	1	_			
	Americas Health Insurance Plans	Vice Presid	dent				
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General Other (specify) ▼		1374.98]			
в.	Full Name (Last, First, Middle Initial) Jeremy Allen	Date of Receipt					
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	10 31 2013					
	City	Zip Code	Transaction ID : 20131029143811-2				
	Washington	DC	20004	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		83.33			
	Name of Employer Americas Health Insurance Plans	Occupation Vice Presid					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1374.98				
<u>с</u> .	Full Name (Last, First, Middle Initial) Chris Anderson			Date of Receipt			
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	10 / Y Y Y Y 2013					
	City Washington	State DC	Zip Code 20004	Transaction ID : 20131029143811-1 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		10.42			
	Name of Employer	Occupation	1	_			
	America's Health Insurance Plans (AHIP						
	Receipt For:	Aggregate	Year-to-Date ▼				
	Other (specify) ▼		208.40				
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 7 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b 14	11c 15	12	17					
Any information copied from such Reports and S or for commercial purposes, other than using the						oliciting	contribu	itions					
NAME OF COMMITTEE (In Full) Americas Health Insurance Plar	ns PAC (AF	IIP PAC)											
Full Name (Last, First, Middle Initial) A. Carmella Bocchino	Full Name (Last, First, Middle Initial) Carmella Bocchino						Date of Receipt						
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building City	V. State	Zip Code	1.0		15	/ Y	2013						
Washington	DC	20004			ion ID : 20 Each Red			-					
FEC ID number of contributing federal political committee.	С				,	,		3.33					
Name of Employer America's Health Insurance Plans Receipt For:	1	President, Clinical Aff											
Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 3749.94											
Full Name (Last, First, Middle Initial) B. Carmella Bocchino					ceipt								
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building				M /	D D D 31	/ Y	y y 2013	Y					
City Washington								- <u>3</u> I					
FEC ID number of contributing federal political committee.	ě l					3	208	8.33					
Name of Employer America's Health Insurance Plans	Occupation Executive Vice	President, Clinical Aff											
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 3749.94											
Full Name (Last, First, Middle Initial) C. Dianne Bricker			Date	of Re	ceipt								
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building				M /	D D 15	/ Y	2013	Y					
City Washington	State DC	Zip Code 20004			ion ID : 20 Each Red								
FEC ID number of contributing federal political committee.	С				7	3	4	1.67					
Name of Employer	Name of Employer Occupation												
America's Health Insurance Plans	Regional Direc												
	Receipt For: Aggregate Year-to-Date ▼												
Other (specify)		833.40											
SUBTOTAL of Receipts This Page (optional)					7	1	458	.33					
TOTAL This Period (last page this line number	only)				, ,								

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Americas Health Insurance P	lans PAC (AHIP PAC)					
Full Name (Last, First, Middle Initial) A. Dianne Bricker							
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	N.W. State	Zip Code	M = M / D = D / Y = Y = Y = Y Y 10 31 2013				
City Washington	Transaction ID : 20131029143811-4						
FEC ID number of contributing federal political committee.	С	20004	Amount of Each Receipt this Period 41.67				
Name of Employer America's Health Insurance Plans	Occupation Regional D						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.40					
Full Name (Last, First, Middle Initial) B. Kathleen Callanan							
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	10 15 2013						
City Washington							
FEC ID number of contributing federal political committee.	С		83.33				
Name of Employer America's Health Insurance Plans	Occupation Vice Presid						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.94					
Full Name (Last, First, Middle Initial) C. Kathleen Callanan			Date of Receipt				
Suite 500, South Building	Mailing Address 601 Pennsylvania Avenue N.W.						
City Washington	State DC	Zip Code 20004	Transaction ID : 20131029143811-5 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		83.33				
Name of Employer	Occupation	1	—				
America's Health Insurance Plans	Vice Presic	lent					
Receipt For: Primary General Other (enceift)	Aggregate	Year-to-Date ▼ 1499.94	1				
Other (specify)		1433.34					
SUBTOTAL of Receipts This Page (optional))	······)	208.33				
TOTAL This Period (last page this line numb	per only)						

Use separate schedule(s) for each category of the

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	ZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 13	11b 14	11c 15	12 16	17
or for co	rmation copied from such Reports and S mmercial purposes, other than using the							
	E OF COMMITTEE (In Full) ericas Health Insurance Plai	ns PAC (/	AHIP PAC)					
	Jame (Last, First, Middle Initial) throp Cashdollar	Date o	Date of Receipt					
Mailir City	ng Address 601 Pennsylvania Avenue N.N Suite 500, South Building	10	15		2013	_		
	nington	State DC	Zip Code 20004		saction ID : it of Each R			
	ID number of contributing al political committee.	С						2.50
	e of Employer ica's Health Insurance Plans	Occupation	Director Product Policy					
	ipt For:		Year-to-Date ▼	_				
	Primary General Other (specify) V		1250.00					
	Full Name (Last, First, Middle Initial) Winthrop Cashdollar				f Receipt			
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building				/ D D 31	/ Y	2013	Y
City Wasł	nington	State DC	Zip Code 20004		saction ID : : It of Each R			
	ID number of contributing al political committee.	С					62	2.50
	e of Employer ica's Health Insurance Plans	Occupation Executive D) Director Product Policy	_				
Rece	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00					
	Name (Last, First, Middle Initial)			Date o	f Receipt			
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building				/ D D	/ Y	2013	Y
City Was	hington	State DC	Zip Code 20004		saction ID : it of Each R			
	ID number of contributing al political committee.	С				, j		4.17
Name	e of Employer	Occupation	1					
	ica's Health Insurance Plans							
Rece	pt For: Primary General	Aggregate	Year-to-Date ▼					
	Other (specify)	L	2083.40					
SUBTO	TAL of Receipts This Page (optional)		•••••			7	229	9.17
TOTAL	This Period (last page this line number	only)	•					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and St for commercial purposes, other than using the						
\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (AHIP PAC)				
A.	Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt			
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	10 31 2013					
	City Washington	State DC	Zip Code 20004	Transaction ID : 20131029143811-7 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		104.17			
	Name of Employer	Occupatior	1	_			
	America's Health Insurance Plans	Vice Presic	lent, Marketing and Graphics				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Other (specify) ▼		2083.40				
В.	Full Name (Last, First, Middle Initial)	Date of Receipt					
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	10 15 2013					
	City Washington	State DC	Zip Code 20004	Transaction ID : 2013101195228-9 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		31.25			
	Name of Employer America's Health Insurance Plans	Occupation		_			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00				
с.	Full Name (Last, First, Middle Initial) Rebecca Cole			Date of Receipt			
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	M M / D D / Y Y Y Y 10 31 2013					
	City Washington	State DC	Zip Code 20004	Transaction ID : 20131029143811-9 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		31.25			
	Name of Employer	Occupation	1	-			
	America's Health Insurance Plans						
	Receipt For:	Aggregate	Year-to-Date ▼				
	Other (specify) ▼		625.00				
s	UBTOTAL of Receipts This Page (optional)		•••••	166.67			
т	OTAL This Period (last page this line number c	only)	••••••				

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 11 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or	information copied from such Reports and Station commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (/	AHIP PAC)	
A.	Full Name (Last, First, Middle Initial) Kirstin Dawson Mailing Address 602 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans	State DC C	Zip Code 20004 earch Associate, Clinical Po	Date of Receipt
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 208.40	
B.	Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			Date of Receipt
-	FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Transaction ID : 2013101195228-12 Amount of Each Receipt this Period 62.50
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		Director Insurance Education Year-to-Date ▼ 1250.00	
C.	Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	'.		Date of Receipt
1	City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary		Zip Code 20004 Director Insurance Education Year-to-Date ▼ 1250.00	Transaction ID : 20131029143811-12 Amount of Each Receipt this Period 62.50
รเ	JBTOTAL of Receipts This Page (optional)		•	135.42
т	OTAL This Period (last page this line number o	nly)	•	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	17						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the	purpose of	soliciting	g contribu	utions						
NAME OF COMMITTEE (In Full) Americas Health Insurance Pl	lans PAC (A	HIP PAC)											
Full Name (Last, First, Middle Initial) A. Mary Beth Donahue			Date of Receipt										
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City	N.W. State	Zip Code	10	15	J L	2013 1 195228- 2							
Washington	DC	20004	Transaction ID : 2013101195228-14 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С			3		208	3.33						
Name of Employer America's Health Insurance Plans	Occupation Executive VF	P, Policy & Operations											
Receipt For: Primary General Other (specify)	Aggregate Y	⁄ear-to-Date ▼ 3749.94											
Full Name (Last, First, Middle Initial) B. Mary Beth Donahue			Date of	f Receipt									
Mailing Address 601 Pennsylvania Avenue I Suite 500, South Building	M M 10												
City Washington	State DC	Zip Code 20004		action ID : t of Each F									
FEC ID number of contributing federal political committee.	С			7	7	208	3.33						
Name of Employer America's Health Insurance Plans	Occupation Executive VF	P, Policy & Operations											
Receipt For: Primary General Other (specify)	Aggregate Y	′ear-to-Date ▼ 3749.94											
Full Name (Last, First, Middle Initial) C. Katie Dunning			Date of	f Receipt									
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building			10	/ D 15		ү ү 2013	Ŷ						
City Washington	State DC	Zip Code 20004		saction ID : t of Each F									
FEC ID number of contributing federal political committee.	С			7	,	4	1.67						
Name of Employer	Occupation												
America's Health Insurance Plans	Director												
Receipt For:	Aggregate Y	′ear-to-Date ▼											
Other (specify)		833.40											
SUBTOTAL of Receipts This Page (optional).						458	9.33						
TOTAL This Period (last page this line numb	er only)			,	,								

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Americas Health Insurance P	Plans PAC (AHIP PAC)										
Full Name (Last, First, Middle Initial) A. Katie Dunning			Date of Receipt									
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building		Zie Oada	10 / Y Y Y Y Y 10 31 2013									
City Washington	State DC	Zip Code 20004	Transaction ID : 20131029143811-15									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 41.67									
Name of Employer America's Health Insurance Plans	Occupation Director	I										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.40										
Full Name (Last, First, Middle Initial) B. Daniel Durham			Date of Receipt									
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	M = M / D = D / Y = Y = Y = Y Y 10 15 2013											
City Washington	Transaction ID : 2013101195228-16 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		208.33									
Name of Employer America's Health Insurance Plans	Occupation Executive V	/ice President										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4166.60]									
Full Name (Last, First, Middle Initial) C. Daniel Durham			Date of Receipt									
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	N.W.		10 31 / Y Y Y Y 2013									
City Washington	State DC	Zip Code 20004	Transaction ID : 20131029143811-16 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		208.33									
Name of Employer	Occupation	1	—									
America's Health Insurance Plans	Executive \	/ice President										
Receipt For:	Aggregate	Year-to-Date V										
Other (specify)		4166.60]									
SUBTOTAL of Receipts This Page (optional))		458.33									
TOTAL This Period (last page this line num	ber only)											

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c	12	17			
Any information copied from such Reports a or for commercial purposes, other than usin				or the		pose of s	oliciting	g contrib	utions			
NAME OF COMMITTEE (In Full) Americas Health Insurance	Plans PAC (AHIP PAC)										
Full Name (Last, First, Middle Initial) A. Paul Eiting			[Date of	Re	ceipt						
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building City		Zip Code		M M / D D / Y Y Y Y Y 10 15 2013 Transaction ID : 2013101195228-17								
Washington	DC	20004	4			Each Re						
FEC ID number of contributing federal political committee.	С					,	,		1.67			
Name of Employer America's Health Insurance Plans	Occupation Deputy Dire											
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 760.46										
Full Name (Last, First, Middle Initial) B. Paul Eiting				Date of	Re	ceipt						
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building			м м 10	/	31	/ Y	2013	Y				
City Washington	State DC	Zip Code 20004				on ID : 2 Each Re						
FEC ID number of contributing federal political committee.					y	7	4	1.67				
Name of Employer America's Health Insurance Plans	Occupation Deputy Dire											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 760.46]									
Full Name (Last, First, Middle Initial) C. Kathryn Gallagher				Date of	Re	ceipt						
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building				м м 10	/	D D D 31	/ Y	2013	Y			
City Washington	State DC	Zip Code 20004	<i>F</i>			ion ID : 2 Each Re						
FEC ID number of contributing federal political committee.	С					7	,	1	0.42			
Name of Employer	Occupation	1										
America's Health Insurance Plans	Policy Anal	yst										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.40										
SUBTOTAL of Receipts This Page (optional	al)					7	3	93	3.76			
TOTAL This Period (last page this line nur	nber only)					,	,					

Use separate schedule(s) for each category of the

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PAGE 15 OF

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Americas Health Insurance P	Plans PAC (/	AHIP PAC)										
Full Name (Last, First, Middle Initial) A. Candy Gallaher			Date of Receipt 10 / 15 / 2013 Transaction ID : 2013101195228-19									
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building		Zin Onde										
City Washington	State DC	Zip Code 20004										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 41.67									
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Senior Vice	President										
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.40]									
Full Name (Last, First, Middle Initial) B. Candy Gallaher			Date of Receipt									
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	M = M / D = D / Y = Y = Y = Y Y 10 31 2013											
City Washington	Transaction ID : 20131029143811-19 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		41.67									
Name of Employer America's Health Insurance Plans	Occupation Senior Vice											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.40										
Full Name (Last, First, Middle Initial) C. Leanne Gassaway			Date of Receipt									
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	N.W.		M M / D D / Y Y Y Y 10 15 2013									
City Washington	State DC	Zip Code 20004	Transaction ID : 2013101195228-20 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		27.08									
Name of Employer	Occupation		_									
America's Health Insurance Plans	Regional D	rector										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		541.60]									
SUBTOTAL of Receipts This Page (optional))		110.42									
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PAGE 16 OF

ITEMIZED RECEIPTS		category of the Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
or for commercial purposes, other than usin			berson for the purpose of soliciting contributions be to solicit contributions from such committee.									
Americas Health Insurance	Plans PAC (AHIP PA	C)										
Full Name (Last, First, Middle Initial) Leanne Gassaway Mailing Address 601 Pennsylvania Avenu	e N.W.		Date of Receipt									
Suite 500, South Building		le	10 31 2013 Transaction ID : 20131029143811-20									
Washington	DC 20004		Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		27.08									
Name of Employer	Occupation Regional Director											
America's Health Insurance Plans Receipt For:		_										
Primary General Other (specify) ▼	Aggregate Year-to-Date	541.60]									
Full Name (Last, First, Middle Initial) B. Cynthia Goff			Date of Receipt									
Mailing Address 601 Pennsylvania Avenu Suite 500, South Buildin			10 15 2013									
City Washington	StateZip CocDC20004	le	Transaction ID : 2013101195228-21 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		62.50									
Name of Employer BlueCross and BlueShield of Minnesota	Occupation Executive Director											
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	e ▼ 812,50]									
Full Name (Last, First, Middle Initial) C. Cynthia Goff			Date of Receipt									
Mailing Address 601 Pennsylvania Avenu Suite 500, South Buildin	3		10 31 Y Y Y Y 2013									
City Washington	State Zip Coc DC 20004	le	Transaction ID : 20131029143811-21 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		62.50									
Name of Employer	Occupation											
BlueCross and BlueShield of Minnesota	Executive Director											
Receipt For:	Aggregate Year-to-Date	• 🔻										
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	EMIZED RECEIPTS		for each category of Detailed Summary Pa		X 11a 13	1 1 1	1b 4	11c 15	12		17		
	y information copied from such Reports and Sta for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (/	AHIP PAC)										
Α.	Full Name (Last, First, Middle Initial) Joni Hong Mailing Address 601 Pennsylvania Avenue N.W.				Date of	Rece	eipt		V	Y	v		
	Suite 500, South Building City	State	Zip Code		10	actior	15 n ID : 20)13101	201	3	T		
	Washington	DC	20004		Transaction ID : 2013101195228-23 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С]		- 7		7		31.2	25		
	Name of Employer	Occupation											
	America's Health Insurance Plans	Senior Asso	ociate Counsel, Special P	roj									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		62	5.00									
в.	Full Name (Last, First, Middle Initial)				Date of	Rece	eipt						
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City						D D D	/ Y	2013	Y Y			
	City	State Zip Code DC 20004							<u>91438</u>		3		
	Washington									iod	_		
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	Name of Employer America's Health Insurance Plans	Occupation Senior Asso	ociate Counsel, Special P	roj									
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 62	5.00										
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	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				M M 10] ' [D D 15	/ Y	2013		Y		
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	Name of Employer	Occupation											
	America's Health Insurance Plans	Deputy Dire	ector, Client Learning Ser	vi									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)			3.40									
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		✓ 11a 13		11b 4	11c 15	12			
	y information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	is PAC (A	AHIP PAC)									
Α.	Full Name (Last, First, Middle Initial) Burt Hudson				Date of	f Rece	eipt					
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building		Zin Code		10 / Y Y Y Y Y 10 31 2013							
	City Washington	State DC	Zip Code 20004					2013102 eceipt tl				
	FEC ID number of contributing federal political committee.	С				,				41.67		
	Name of Employer America's Health Insurance Plans	Occupation Deputy Dire	n ector, Client Learning Servi									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		, 833.40									
в.	Full Name (Last, First, Middle Initial) Crystal Kuntz				Date o	f Rece	eipt					
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	<i>'</i> .			10	/	D D 15	/ Y	2013			
	City Washington	State DC	Zip Code 20004					2013101 eceipt tl				
	FEC ID number of contributing federal political committee.	С				,				83.33		
	Name of Employer America's Health Insurance Plans	Occupation Vice Presid										
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 1249.95										
<u>с</u> .	Full Name (Last, First, Middle Initial) Crystal Kuntz				Date o	f Rece	eipt					
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				^M 10	1	31	/ Y	2013	Y Y		
	City Washington	State DC	Zip Code 20004					2013102 eceipt tl				
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	Name of Employer	Occupation	1									
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PAGE 19 OF

		Detailed Summary Page		1		11b	11c	12						
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Americas Health Insurance	Plans PAC (AHIP PAC)												
Full Name (Last, First, Middle Initial) 4. Barbara Lardy			C	ate of	Re	ceipt								
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildir				10 15 2013										
City	State	Zip Code			acti		2013101	195228-2	:8					
Washington	DC	20004	A	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C					7		41	.67					
Name of Employer	Occupation	1												
America's Health Insurance Plans	Senior Vice	President, Clinical Affair												
Receipt For:	Aggregate	Year-to-Date V												
Other (specify) ▼		833.40]											
Full Name (Last, First, Middle Initial) B. Barbara Lardy				ate of	Re	ceipt								
Mailing Address 601 Pennsylvania Aven Suite 500, South Buildi	ng			™ 10	1	31	/ Y	y y 2013	Y					
City	State DC	Zip Code 20004						9143811-						
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FEC ID number of contributing federal political committee.	C					7	7	41	.67					
Name of Employer	Occupation	1												
America's Health Insurance Plans	Senior Vice	President, Clinical Affair												
Receipt For:	Aggregate	Year-to-Date ▼												
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Full Name (Last, First, Middle Initial)				ate of	Re	ceipt								
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi	ng			м м 10	/	D D 15	/ Y	2013	Y					
City	State DC	Zip Code						195228-2						
Washington	DC	20004	A	mount	of	Each R	eceipt th	nis Period						
FEC ID number of contributing federal political committee.	C					7	7	125	5.00					
Name of Employer	Occupation	1												
America's Health Insurance Plans	Svp, Cente	r for Health Policy & Resear												
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Other (specify) ▼		2500.00												
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PAGE 20 OF

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	VAME OF COMMITTEE (In Full)															
\	Americas Health Insurance Plan	IS PAC (#	AHIP PAC)	_	_	_	_	_	_	_						
F.	Full Name (Last, First, Middle Initial) Jeff Lemieux				Date of	f Re	;ceipt									
_	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				M M 10		31		y y 2013							
		State DC	Zip Code 20004		Transaction ID : 20131029143811-29											
		00	20004	Amount of Each Receipt this Period												
fe	FEC ID number of contributing ederal political committee.	С					5		12	5.00						
	Name of Employer	Occupation														
_	America's Health Insurance Plans	Svp, Center	r for Health Policy & Resear													
F	Receipt For:	Aggregate	Year-to-Date ▼													
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	Full Name (Last, First, Middle Initial) Beth Leonard				Date of	f Re	ceipt									
N	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			Date of Receipt												
	Dity	State	Zip Code	Transaction ID : 2013101195228-30												
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A	Name of Employer America's Health Insurance Plans	Occupation Senior Direc	tor Public Affairs													
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1666.60													
	Full Name (Last, First, Middle Initial) Beth Leonard				Date of	f Re	ceipt									
Ν	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				M M 10		31		2013	Y						
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Ā	Name of Employer	Occupation	1	\neg												
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance	Plans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Holly Macmoran			Date of Receipt
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi City		Zip Code	10 15 2013 Transaction ID : 2012104105228 24
Washington	DC	20004	Transaction ID : 2013101195228-31 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.83
Name of Employer America's Health Insurance Plans	Occupation Program M		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.60	1
Full Name (Last, First, Middle Initial) B. Holly Macmoran			Date of Receipt
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi	10 31 2013		
City Washington	State DC	Zip Code 20004	Transaction ID : 20131029143811-31 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation Program Ma		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.60]
Full Name (Last, First, Middle Initial) C. Amber Manko			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ng		10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID : 2013101195228-32 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.21
Name of Employer	Occupation	1	_
America's Health Insurance Plans	Administrat	ive Assistant, Federal Affa	_
Receipt For:	Aggregate	Year-to-Date ▼	1
Other (specify)		304.20	
SUBTOTAL of Receipts This Page (optio	nal)		56.87
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14		11c 15		12 16	1	7
	y information copied from such Reports and Sta 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) Amber Manko			_	Date of Receipt								
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City	State	Zip Code	_ L	10 31 2013 Transaction ID : 20131029143811-32								
	Washington	DC	20004										
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
	Name of Employer	Occupation	l										
	America's Health Insurance Plans	Administrat	ive Assistant, Federal Affa										
	Receipt For:	Aggregate	Year-to-Date ▼	_									
	Other (specify) ▼		304.20										
в.	Full Name (Last, First, Middle Initial) Debi Manning			Da	ate of	Ree	ceip	ot					
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code						D	15	1	Y Y 20	у 013	Y	
	City Washington	State DC	Zip Code 20004		ransa								
	FEC ID number of contributing federal political committee.	C			nount		⊨ac	n Re	, seept	unis r		.00]
	Name of Employer America's Health Insurance Plans	Occupation Director of H	Human Resources										
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 400.00											
<u>с</u> .	Full Name (Last, First, Middle Initial) Debi Manning			Da	ate of	Ree	ceip	ot.					
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			M	10	/	D	31) 13	Y	
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	Name of Employer	Occupation	1	-									
	America's Health Insurance Plans	Director of	Human Resources										
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		111 14		11c 15		12 16	1	,
	y information copied from such Reports and Sta 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) Anthony Meoni Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City	State	Zip Code	Date of Receipt 10 31 2013 Transaction ID : 20131029143811-35									
	Washington	DC	20004	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7		7		10	.50	
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	ent, IT Year-to-Date ▼ 210.00											
В.	Full Name (Last, First, Middle Initial) Thomas Meyers				Date o	of Re	eceip	pt					
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building)13	Y		
	City Washington	State DC	Zip Code 20004						01310 [.]				
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
	Name of Employer America's Health Insurance Plans	Occupation Executive D	Pirector Product Policy										
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 400.00											
<u>с</u> .	Full Name (Last, First, Middle Initial) Thomas Meyers				Date o	of Re	eceip	pt					
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				10 ^M	/		31	/	20)13	Y	
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	Name of Employer	Occupation	1	_									
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			Detailed Summary Page		11a		11b	\mid	11c	12				
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$\overline{\ }$	NAME OF COMMITTEE (In Full)													
/	Americas Health Insurance Plan	וs PAC (י	AHIP PAC)					_						
Α.	Full Name (Last, First, Middle Initial) Joseph Miller				Date of	Re	ceipt							
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			10 15 2013										
	City	State	Zip Code				ion ID :							
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	FEC ID number of contributing federal political committee.	С			_	_	7		7	10	4.17			
	Name of Employer	Occupation												
	America's Health Insurance Plans	General Co	unsel											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼	2083.40]											
	Full Name (Last, First, Middle Initial) Joseph Miller		Date of	[;] Re	ceipt									
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building		10 31 2013											
	City	State	Zip Code		Transaction ID : 20131029143811-37									
-	Washington	DC	20004	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			_	_	7	_	7	10	4.17			
	Name of Employer	Occupation		\neg										
	America's Health Insurance Plans	General Co	unsel											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2083.40											
	Full Name (Last, First, Middle Initial)		-y											
С.	Julie Miller			_ c	Date of	f Re	eceipt							
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				м м 10	1	15		/ Y	y y 2013	Y			
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	Name of Employer	Occupation		\neg										
	America's Health Insurance Plans	ociate Counsel												
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	Primary General			<u>1</u>										
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		Detailed Summary Page		11a 13	-	11b 14	11c	12	<u> </u>			
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or for commercial purposes, other than us	ng the name and a	address of any political committe	e to sol	ICIT COI	ntrib	outions fr	om suc	n committ	ee.			
Americas Health Insurance	Plans PAC (AHIP PAC)										
Full Name (Last, First, Middle Initial) Julie Miller			C	ate of	f Re	eceipt						
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildir				10 31 2013								
City	State DC	Zip Code 20004		Transaction ID : 20131029143811-38								
Washington	DC	20004	A	mount	t of	Each Re	eceipt th	nis Period				
FEC ID number of contributing federal political committee.	С							62	.50			
Name of Employer	Occupation	1										
America's Health Insurance Plans	Senior Ass	ociate Counsel										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1104.19										
Full Name (Last, First, Middle Initial) 3. Lisa Miller				Date of	f Re	eceipt						
Mailing Address 601 Pennsylvania Aven Suite 500, South Buildi				^{M M} 10	/	D ∎ D 31	/ Y	2013	Y			
City	State	Zip Code		Transaction ID : 20131029143811-39								
Washington	DC	20004	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С			_		,		10	.42			
Name of Employer	Occupation	1										
America's Health Insurance Plans	Deputy Dire	ector, Meeting Services										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.40										
Full Name (Last, First, Middle Initial)				ate of	f Re	ceipt						
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi				м м 10	/	D D 15	/ Y	y y 2013	Y			
City Washington	State DC	Zip Code 20004				-		195228-4	-			
FEC ID number of contributing federal political committee.	C	20004	A	mount	t of	Each Re	eceipt th	nis Period 20	0.83			
Name of Employer	Occupation	1										
America's Health Insurance Plans		oduct Policy										
Receipt For:		Year-to-Date ▼	\neg									
Primary General	1.33. 53		- I -									
Other (specify)		416.60										
SUBTOTAL of Receipts This Page (option	nal)		►			7	- 7	93.	.75			
TOTAL This Period (last page this line nu	mber only)		•			,						

Use separate schedule(s) for each category of the

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
or f	or commercial purposes, other than using the			to solicit contributions from such committee.								
\	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	is PAC (/	AHIP PAC)									
A.	Full Name (Last, First, Middle Initial) Martin Mitchell Jr.	,		Date of Receipt								
-	Mailing Address 601 Pennsylvania Avenue N.M Suite 500, South Building City	/. State	Zip Code	10 31 2013 Transaction ID : 20131029143811-40								
_	Washington	DC	20004	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		20.83								
	Name of Employer America's Health Insurance Plans	Occupation	n oduct Policy	_								
	Receipt For:											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 416.60									
	Full Name (Last, First, Middle Initial) Teresa Mulligan			Date of Receipt								
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building		10 15 / Y Y Y Y 10 15									
	City Washington	State DC	Zip Code 20004	Transaction ID : 2013101195228-8 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		14.58								
	Name of Employer America's Health Insurance Plans	Occupation Executive D		_								
ļ	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.60									
	Full Name (Last, First, Middle Initial) Teresa Mulligan			Date of Receipt								
-	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			10 / Y Y Y Y Y 10 31 2013								
	City Washington	State DC	Zip Code 20004	Transaction ID : 20131029143811-8 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		14.58								
1	Name of Employer	Occupation	1									
	America's Health Insurance Plans	Executive E	Director									
Ī	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		291.60									
รเ	JBTOTAL of Receipts This Page (optional)			49.99								
тс	OTAL This Period (last page this line number of	only)	•									

Use separate schedule(s) for each category of the

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plar	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Susan Pisano Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building City Washington FEC ID number of contributing federal political committee.	V. State Zip Code DC 20004 C	Date of Receipt Date of Receipt 10 15 2013 Transaction ID : 2013101195228-42 Amount of Each Receipt this Period 134.39
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Vice President Strategic Communication Aggregate Year-to-Date ▼ 2687.80]
Full Name (Last, First, Middle Initial) B. Susan Pisano Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing	Date of Receipt 10 31 2013 Transaction ID : 20131029143811-41 Amount of Each Receipt this Period	
federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	C Occupation Vice President Strategic Communication Aggregate Year-to-Date ▼ 2687.80	
Full Name (Last, First, Middle Initial) C. Lawrence Platt Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building City Washington	V. State Zip Code DC 20004	Date of Receipt 10 15 2013 Transaction ID : 2013101195228-43
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	C Occupation Director Aggregate Year-to-Date ▼ 1666.60	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		352.11

Use separate schedule(s) for each category of the

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PAGE 28 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	ny information copied from such Reports and Sta for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (A	AHIP PAC)								
Α.	Full Name (Last, First, Middle Initial) Lawrence Platt			Date of Receipt							
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City	State	Zip Code	10 / Y Y Y Y Y 10 31 2013							
	Washington	DC	20004	Transaction ID : 20131029143811-42 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		83.33							
	Name of Employer America's Health Insurance Plans	Occupation Director	1	_							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		1666.60								
В.	Full Name (Last, First, Middle Initial) Mark Pratt			Date of Receipt							
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	10 15 2013									
	City Washington	State DC	Zip Code 20004	Transaction ID : 2013101195228-44 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		125.00							
	Name of Employer America's Health Insurance Plans	Occupation Senior Vice		_							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00								
с.	Full Name (Last, First, Middle Initial) Mark Pratt			Date of Receipt							
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			M M / D D / Y Y Y Y 10 31 2013							
	City Washington	State DC	Zip Code 20004	Transaction ID : 20131029143811-43 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		125.00							
	Name of Employer	Occupation	1	_							
	America's Health Insurance Plans	Senior Vice	President								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		2500.00								
s	UBTOTAL of Receipts This Page (optional)		•••••	333.33							
Т	OTAL This Period (last page this line number o	nly)	••••••								

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PAGE 29 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14		11c 15	12	Г	17
	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (/	AHIP PAC)									
Α.	Full Name (Last, First, Middle Initial) Ingrid Reeves				Date o	f Re	eceipt					
	Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building City	/. State	Zip Code		10 / Y Y Y Y Y 10 15 2013 Transaction ID : 2013101195228-46							
	Washington	DC	20004							195228 iis Peri		
	FEC ID number of contributing federal political committee.	С					1				20.83	3
	Name of Employer America's Health Insurance Plans	Occupation Vice Presid	i lent, Membership									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.60									
В.	Full Name (Last, First, Middle Initial)				Date o	f Re	eceipt					
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			м м 10			D	/ Y	2013		1	
	City Washington	State DC	Zip Code 20004		Transaction ID : 2013102914381 Amount of Each Receipt this Period							_
	FEC ID number of contributing federal political committee.	С					,		7		20.83	3
	Name of Employer America's Health Insurance Plans	Occupation Vice Presid	ent, Membership									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.60									
С.	Full Name (Last, First, Middle Initial) Lisa Shreve				Date o	f Re	ceipt					
	Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building				м м 10	1	D 15	D 5	/ Y	2013	Y Y	1
	City Washington	State DC	Zip Code 20004							195228		
	FEC ID number of contributing federal political committee.	С					7				41.67	7
	Name of Employer	Occupation	1									
	America's Health Insurance Plans	Senior Vice	President, Professional Pr									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)	L	833.40									
s	UBTOTAL of Receipts This Page (optional)		•				5		7	;	83.33	
т	OTAL This Period (last page this line number of	only)	••••••				,			_		

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PAGE 30 OF

	EMIZED RECEIPTS			the age	X 11a 13	11b 14	11c 15	12 16	17			
	ed from such Reports and St rposes, other than using the											
Americas He	IITTEE (In Full) ealth Insurance Plar	is PAC (A	AHIP PAC)									
Full Name (Last, I A. Lisa Shreve	First, Middle Initial)				Date of	Receipt						
0	601 Pennsylvania Avenue N.W Suite 500, South Building	/. State	Zip Code		M M / D D / Y Y Y Y 10 31 2013							
Washington		DC	20004		Transaction ID : 20131029143811-46 Amount of Each Receipt this Period							
FEC ID number o federal political co	8	С]		7	1	_	.67			
Name of Employe	er	Occupation	1									
America's Health I	nsurance Plans	Senior Vice	President, Professional	Pr								
Receipt For:	General	Aggregate	Year-to-Date ▼									
Other (speci			83	33.40								
Full Name (Last, I B. Charles Stella	First, Middle Initial) ar				Date of	Receipt						
	601 Pennsylvania Avenue N.W Suite 500, South Building		M M	/ D D 15	/ Y	y y 2013	Y					
City Washington		State DC	Zip Code 20004		Transaction ID : 2013101195228-4 Amount of Each Receipt this Period							
FEC ID number o federal political co	8	С			104							
Name of Employe America's Health Ir		Occupation Executive V										
Receipt For: Primary Other (speci	General ify) ▼	Aggregate	Year-to-Date ▼ 208	33.40								
Full Name (Last, I	First, Middle Initial) Iar				Date of	Receipt						
	601 Pennsylvania Avenue N.W Suite 500, South Building				^M M 10	/ D D 31	/ Y	ү 2013	Y			
City Washington		State DC	Zip Code 20004			action ID : 2 of Each Re						
FEC ID number o federal political co	5	С]		7	1	_	1.17			
Name of Employe	er	Occupation	1									
America's Health I	nsurance Plans	Executive \	V.P.									
Receipt For:	General	Aggregate	Year-to-Date ▼									
Other (speci		208	33.40									
	eipts This Page (optional) (last page this line number o					7	7	250	.01			

Use separate schedule(s) for each category of the

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PAGE 31 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
or for commercial purposes, other than		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insuran	ce Plans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Kristin Stewart Smoot		Date of Receipt
Mailing Address 601 Pennsylvania A	venue N.W.	M = M / D = D / Y = Y = Y
Suite 500, South Bu	V	10 15 2013
City Washington	State Zip Code DC 20004	Transaction ID : 2013101195228-50
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	20.83
Name of Employer	Occupation	
AHIP	Manager, Special Projects	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	416.6	0
Full Name (Last, First, Middle Initial) B. Kristin Stewart Smoot		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	10 31 _2013 _	
City	State Zip Code	Transaction ID : 20131029143811-49
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer AHIP	Occupation Manager, Special Projects	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.60	0
Full Name (Last, First, Middle Initial) C. Rachel Terry		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		10 / Y Y Y Y Y 10 15 2013
City Washington	State Zip Code DC 20004	Transaction ID : 2013101195228-51
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
America's Health Insurance Plans	Senior Director, Business Development	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	270.7	9
	ptional)	

Use separate schedule(s) for each category of the

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PAGE 32 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	is PAC (AHIP PAC)								
A.	Full Name (Last, First, Middle Initial) Rachel Terry			Date of Receipt							
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building		7.0.1	M = M / D = D / Y = Y = Y Y 10 31 2013							
	City Washington	State DC	Zip Code 20004	Transaction ID : 20131029143811-50 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C									
	Name of Employer America's Health Insurance Plans	Occupation Senior Dire	n ector, Business Development								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		270.79								
	Full Name (Last, First, Middle Initial)			Date of Receipt							
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	10 31 2013									
	City Washington	State DC	Zip Code 20004	Transaction ID : 20131029143811-51 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		10.42							
	Name of Employer America's Health Insurance Plans	Occupation Senior Legi	n islative & Regulatory Analys	_							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.40								
	Full Name (Last, First, Middle Initial)			Date of Receipt							
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	Ι.		10 15 / Y Y Y Y Y 10 15 2013							
	City Washington	State DC	Zip Code 20004	Transaction ID : 2013101195228-53 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		50.00							
	Name of Employer	Occupation	1	_							
	America's Health Insurance Plans	Regional D	irector								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		1000.00								
s	UBTOTAL of Receipts This Page (optional)		••••••	81.25							
т	OTAL This Period (last page this line number of	only)	••••••								

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PAGE 33 OF

	EMIZED RECEIPTS		for each category of th Detailed Summary Pag		✓ 11a 13		11b 14	11c 15	12				
	y information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (A	AHIP PAC)										
Α.					Date o	f Re	ceipt						
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City	V. State	Zip Code		10 31 2013								
	Washington	DC	20004		Transaction ID : 20131029143811 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					,			50.00			
	Name of Employer America's Health Insurance Plans	Occupation Regional D											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		1000.	.00									
в.	Full Name (Last, First, Middle Initial) Kathleen Turner				Date o	f Re	ceipt						
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building		^M M	/	D D 15	/ Y	2013						
	City Washington	State DC	Zip Code 20004				on ID : 2 Each Re						
	FEC ID number of contributing federal political committee.	С			12.50								
	Name of Employer America's Health Insurance Plans	Occupation Senior Man	tion										
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 250.	00										
с.	Full Name (Last, First, Middle Initial) Kathleen Turner				Date o	f Re	ceipt						
	Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building				м м 10	/	31	/ Y	2013	Y Y			
	City Washington	State DC	Zip Code 20004	-			on ID : Each Re						
	FEC ID number of contributing federal political committee.	С					1	, 1000 pt 11		12.50			
	Name of Employer	Occupation	1										
	America's Health Insurance Plans	Senior Mar	nager of Visual Communica	ition									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		250.	.00									
s	UBTOTAL of Receipts This Page (optional)						,			75.00			
т	OTAL This Period (last page this line number of	only)		····· ►			,						

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PAGE 34 OF

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (/	AHIP PAC)									
Full Name (Last, First, Middle Initial) A. Mark Van Koevering			Date of Receipt								
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City	I.W. State	Zip Code	M = M / D = D / Y = Y = Y = Y Y 10 15 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013 2013								
Washington	DC	20004	Transaction ID : 2013101195228-55 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		83.33								
Name of Employer America's Health Insurance Plans	Occupation Executive D										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1666.60]								
Full Name (Last, First, Middle Initial) B. Mark Van Koevering			Date of Receipt								
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building			10 31 2013								
City Washington	State DC	Zip Code 20004	Transaction ID : 20131029143811-54 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		83.33								
Name of Employer America's Health Insurance Plans	Occupation Executive D										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1666.60									
Full Name (Last, First, Middle Initial) C. Brenda Weigel			Date of Receipt								
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building			M = M / D = D / Y = Y = Y = Y Y 10 15 2013								
City Washington	State DC	Zip Code 20004	Transaction ID : 2013101195228-56 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		20.83								
Name of Employer	Occupation	1									
America's Health Insurance Plans	Digital Med	lia Coordinator									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.47]								
SUBTOTAL of Receipts This Page (optional)											

Use separate schedule(s) for each category of the

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PAGE 35 OF

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)					
Full Name (Last, First, Middle Initial) A. Brenda Weigel Mailing Address 601 Pennsylvania Avenue N.	Date of Receipt					
Suite 500, South Building	10 31 2013					
Washington	State Zip Code DC 20004	Transaction ID : 20131029143811-55 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.83				
Name of Employer America's Health Insurance Plans	Occupation Digital Media Coordinator					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 312.47					
Full Name (Last, First, Middle Initial) B. Robert Zirkelbach						
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building	10 15 2013					
City Washington	StateZip CodeDC20004	Transaction ID : 2013101195228-58 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	104.17				
Name of Employer America's Health Insurance Plans	Occupation Press Secretary					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.40					
Full Name (Last, First, Middle Initial) C. Robert Zirkelbach	Date of Receipt					
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building	10 / Y Y Y Y Y 10 31 2013					
City Washington	State Zip Code DC 20004	Transaction ID : 20131029143811-57 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	104.17				
Name of Employer						
America's Health Insurance Plans	Press Secretary					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.40					
SUBTOTAL of Receipts This Page (optional)		5 5 6 0 1 7 6				

S	CHEDULE B (FEC Form 3X)			F	OR	LINF	NUMBEF	:			PA	GE	36 0	DF 37					
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			hec	k only	only one)												
			Summary Page		×	21b 27	22 28a	\vdash	23 28b	\mathbb{H}	24 28c	-	25 29	26 30b					
	y information copied from such Reports and State for commercial purposes, other than using the nar																		
$\left \right\rangle$	NAME OF COMMITTEE (In Full)																		
$ \rangle$	Americas Health Insurance Plans	PAC (AF	HP PAC)																
<u>ب</u>	Full Name (Last, First, Middle Initial)						Data	.t D.	ob										
Α.	Citibank	Sitibank					Date of		sburse			V	Y	Y					
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor						10 01 2013												
	,	State DC	Zip Code				Tran	sact	ion ID	: EA	1AC1	1139	3C11	BEB54A					
	Washington Purpose of Disbursement	00	20004	20004					-										
	Merchant Bankcard Fees			0	001		Amou	nt of	Each	Disb	urser	nent	this F	Period					
	Candidate Name			Cat T	egoi ype	ry/			,		7		31	.66					
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼																
	State: District:																		
в.	Full Name (Last, First, Middle Initial) Citibank						Date of Disbursement												
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor						10 10 / Y Y Y Y 2013				Y								
	City Washington	State DC	Zip Code 20004				Tran	sact	tion ID	: 80	D247	BEC	5E27	CD5499					
	Purpose of Disbursement Merchant Bankcard Fees				001		Amour	nt of	Fach	Dieh	urear	nent	thie [Period					
	Candidate Name					ry/	Amount of Each Disbursement this Period 31.66												
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼						,										
	State: District:	V-1-																	
C.	Full Name (Last, First, Middle Initial)						Date of Disbursement												
	Mailing Address						M	/	D	D	/ Y	Y	Y	Y					
	City	State	Zip Code																
	Irpose of Disbursement						Amount of Each Disburgement th					thic 1	Dariad						
	Candidate Name	Category/ Type						Amount of Each Disbursement this Period											
	Senate President	ment For: Primary Other (spe	General cify) ▼		-				7		7	-							
_	State: District:																		
⊢	UBTOTAL of Disbursements This Page (optional).							-	7	_	7		-	.32					
11	OTAL This Period (last page this line number only)					- Land		7		- 7 -								

S	CHEDULE B (FEC Form 3X)		FOR LINF	NUMBER: PAGE 37 OF 37												
	EMIZED DISBURSEMENTS	Use separate schedule(for each category of the Detailed Summary Page	s) (check on 21b 27	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b												
	y information copied from such Reports and State for commercial purposes, other than using the nar															
\backslash	NAME OF COMMITTEE (In Full)															
	Americas Health Insurance Plans	PAC (AHIP PAC)														
<u> </u>	Full Name (Last, First, Middle Initial)															
Α.	Friends of Mark Warner	Date of Disbursement														
	Mailing Address 201 North Union Street Suite 300															
	City	State Zip Code														
	Alexandria	VA 22314		Transaction ID : 8AD02532A3C7752448F												
	Purpose of Disbursement Clerical Error - Redesignation of 5/21/2013 Contrib	oution 2014 G	011	Amount of Each Disbursement this Period												
	Candidate Name		Category/	4000.00												
	Mark Robert Warner		Туре	1000.00												
	Office Sought: House Disburse	ment For: 2014 Primary X General		[MEMO ITEM]												
	President	Primary X General Other (specify)														
	State: VA District:															
_	Full Name (Last, First, Middle Initial)															
В.	Hoosiers First PAC	Date of Disbursement														
		M M / D D / Y Y Y Y														
	Mailing Address PO Box 772	10 30 2013														
	,	State Zip Code		Transaction ID : 7989989A581E74D5C65												
	Indianapolis Purpose of Disbursement	IN 46206		-												
	2013 Contribution		011	Amount of Each Disbursement this Period												
	Candidate Name	lidate Name Category/														
	Hoosiers First PAC															
	5	ment For: 2013														
	Senate	Primary General														
	State: District:	Other (specify)	20													
	Full Name (Last, First, Middle Initial)															
C.	Scott Peters for Congress	Date of Disbursement														
	Mailing Address PO Box 70980	10 24 2013														
	<u></u>															
	City Washington	State Zip Code DC 20024		Transaction ID : 360390BF397F94451C3												
	Purpose of Disbursement	-														
	2014 Primary	Amount of Each Disbursement this Period														
	Candidate Name	1000.00														
	Scott H. Peters		Туре	, , , , , , , , , , , , , , , , , , , ,												
	Office Sought: X House Disburse Senate President X	ment For: 2014 Primary General Other (specify) v														
_	State: CA District: 52															
s	UBTOTAL of Disbursements This Page (optional)			3000.00												
\vdash			<u> </u>													
T	OTAL This Period (last page this line number only	')	••••••	3000.00												