FEC FORM 3X REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee Office Use Only 1. NAME OF COMMITTEE (in full) TYPE OR PRINT V Example: If typing, type over the lines. Office Use Only Americas Health Insurance Plans PAC (AHIP PAC) Model of the previously reported. (ACC) 601 Pennsylvania Avenue, NW ADDRESS (number and street) South Building, Suite 500 DC 20004 Check if different than previously reported. (ACC) Washington DC 20004 2. FEC IDENTIFICATION NUMBER V CITY A STATE A ZIP CODI	
1. NAME OF COMMITTEE (in full) TYPE OR PRINT V Example: If typing, type over the lines. 12FE4M5 Americas Health Insurance Plans PAC (AHIP PAC) 601 Pennsylvania Avenue, NW 601 Pennsylvania Avenue, NW ADDRESS (number and street) 601 Pennsylvania Avenue, NW South Building, Suite 500 DC 20004 Washington DC 20004 - DC 20004 -	
COMMITTEE (in full) over the lines. I2FE4M5 Americas Health Insurance Plans PAC (AHIP PAC) 601 Pennsylvania Avenue, NW ADDRESS (number and street) 601 Pennsylvania Avenue, NW South Building, Suite 500 South Building, Suite 500 Washington DC 20004	
ADDRESS (number and street) Check if different than previously reported. (ACC) Check (ACC) Check if different than previously reported. (ACC)	
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ADDRESS (number and street) Check if different than previously reported. (ACC) Check (ACC)	
Check if different than previously reported. (ACC)	
than previously reported. (ACC) Washington DC 20004 -	
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE	
	E 🔺
C C00106740 3. IS THIS REPORT X NEW (N) OR (A)	
(Choose One) Report (a) Quarterly Reports: Mar 20 (M3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jul 20 (M7)	Nov 20 (M11) Non-Election Year Only) Dec 20 (M12) Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) April 15 Quarterly Report (Q2)	Runoff (12R)
October 15 Quarterly Report (Q3)	
Year-End Report (YE) Election on State of	
Beport (Non-election	Special (30S)
Termination Report (TER) Election on Image: Constraint of the state of state	0
5. Covering Period M m / D D / Y Y Y Y Y 10 16 2014 through 11 24 2014	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.	
Type or Print Name of Treasurer Charles W. Stellar	
Signature of Treasurer Charles W. Stellar [Electronically Filed] Date 12 01 1	2014 Y Y
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.	S.C. §437a.
Contraction of the second seco	/ 3X

12/04/2014 17 : 10

Ima	ge# 14952908850			
	- FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS		
W	rite or Type Committee Name			
ŀ	Americas Health Insurance Plans	PAC (AHIP PAC)		
R		10 / D D / Y Y Y Y 16 2014	To:	M M / D D / Y Y Y Y 11 24 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	29978.07		
	(c) Total Receipts (from Line 19)	15731.41		165725.32
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	45709.48		196380.30
7.	Total Disbursements (from Line 31)	11538.66	1	162209.48
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34170.82		34170.82
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	1	

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

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		DETAILED SUMMARY PAGE of Receipts	
	FEC Form 3X (Rev. 06/2004)		Page 3
	ite or Type Committee Name		
A	mericas Health Insurance Plans	PAC (AHIP PAC)	
Re	port Covering the Period: From:	10 / Y Y Y Y 10 16 2014 To	b: 11 / 24 / Y Y Y Y 2014
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees	15662.23	108465.80
	(i) Itemized (use Schedule A)	7 7 7	7 7 7
	(ii) Unitemized	69.18	9759.52
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	15731.41	118225.32
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	47500.00
	(such as PACs)(d) Total Contributions (add Lines		7 7 7
	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	15731.41	165725.32
12.	Transfers From Affiliated/Other		
	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)	0.00	0.00
	(Carry Totals to Line 37, page 5)		0.00
	to Federal Candidates and Other		
	Political Committees	0.00	0.00
17.	Other Federal Receipts		
	(Dividends, Interest, etc.)	0.00	0.00
	Transfers from Non-Federal and Levin Fund	ds	
	(a) Non-Federal Account	0.00	0.00
	(from Schedule H3)	0.00	0.00
		0.00	0.00
	(b) Levin Funds (from Schedule H5)		7 7 7
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	(, , , , , , , , , , , , , , , , , , ,		7 7 7 7 7
	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))►	15731.41	165725.32
20	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)►	15731.41	165725.32

I

Image# 14952908851

DETAILED SUMMARY PAGE

of Disbursements

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	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	38.66	709.48
(c) Total Operating Expenditures	38.66	709.44
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party		7 7 7
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	10500.00	160500.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.0
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
Loan Repayments Made		
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c))►	0.00	0.00
Other Disbursements	1000.00	1000.00
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	0.0
 (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))	11538.66	162209.4
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	11538.66	162209.48

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	15731.41	165725.32
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	15731.41	165725.32
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	38.66	709.48
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	38.66	709.48

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 6 OF

			Detailed Summary Page		11a 13		11b 14	11c 15		12 16	17							
	y information copied from such Reports and for commercial purposes, other than using th				or the		pose of s	oliciting	g con	tributi	ons							
\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (/	AHIP PAC)															
A.	Full Name (Last, First, Middle Initial) Jeremy Allen			C	Date of	Re	eceipt											
	Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City	State	Zip Code	_[10 31 2014 Transaction ID : 2014111495154-3													
	Washington FEC ID number of contributing federal political committee.	C	20004		mount	of	Each Re	ceipt th	is Pe	eriod 125.0	00							
	Name of Employer Americas Health Insurance Plans Receipt For:	Occupation Vice Presid	ent															
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2625.00]														
В.	Full Name (Last, First, Middle Initial) Jeremy Allen	1			Date of	Re	eceipt											
	Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building	Suite 500, South Building						11 14 2014 Transaction ID : 2014111495140-3										
	City Washington				i on ID : 2 Each Re													
	FEC ID number of contributing federal political committee.	С					5		_	125.0	00							
	Name of Employer Americas Health Insurance Plans	ent																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2625.00]														
с.	Full Name (Last, First, Middle Initial) Tom Amontree				Date of	Re	eceipt											
	Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building				м м 10	/	D D 31	/ Y	201	ү 14	Y							
	City Washington	State DC	Zip Code 20004	A			ion ID : 2 Each Re											
	FEC ID number of contributing federal political committee.	С					7			208.	33							
	Name of Employer	Occupation	1															
	America's Health Insurance Plans Receipt For:	Executive \	/ice President, Business Aff															
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 624.99]														
s	UBTOTAL of Receipts This Page (optional)						т. т.		_	458.3	3							
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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 S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (/	AHIP PAC)									
Α.	Full Name (Last, First, Middle Initial) Tom Amontree	Date of Receipt										
	Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building City	N. State	Zip Code	11 14 2014								
	Washington	DC	20004	Transaction ID : 2014111495140-4 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) /ice President, Business Aff									
	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify)		624.99									
В.	Full Name (Last, First, Middle Initial) Chris Anderson	Date of Receipt										
	Mailing Address 601 Pennsylvania Avenue N.N Suite 500, South Building	10 / Y Y Y Y Y 2014										
	City Washington	State DC	Zip Code 20004	Transaction ID : 2014111495154-1 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 (AHIP	Occupation Associate-C	n Clinical Affairs									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 218.82									
<u>с</u> .	Full Name (Last, First, Middle Initial) Chris Anderson			Date of Receipt								
	Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building			11 / D D / Y Y Y Y Y 11 14 2014								
	City Washington	State DC	Zip Code 20004	Transaction ID : 2014111495140-1 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	Associate-0	Clinical Affairs									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		218.82									
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		Detailed Summary Page		11a		11b	11c	12	· -						
Any information copied from such Report	s and Statements ma	av not be sold or used by any r	Derson fr	13 or the	pur	14 pose of	15 soliciting	16 a contribu	tions						
or for commercial purposes, other than u	sing the name and a	ddress of any political committee	e to sol	icit co	ntrib	outions fr	om suc	h commit	tee.						
NAME OF COMMITTEE (In Full)															
Americas Health Insuranc	e Plans PAC (A	ARIF PAU)													
Full Name (Last, First, Middle Initial) A. Carmella Bocchino				Date of	f Re	eceipt									
Mailing Address 601 Pennsylvania Ave	enue N.W.			M = M / D = D / Y = Y = Y											
Suite 500, South Build	ing State	Zip Code		10 31 2014											
Washington	DC	20004	Δ	Transaction ID : 2014111495154-5 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С					7			3.33						
Name of Employer	Occupation														
America's Health Insurance Plans	Executive V														
Receipt For:	Aggregate	Year-to-Date ▼													
Other (specify) ▼															
Full Name (Last, First, Middle Initial) B. Carmella Bocchino				Date of	f Re	eceipt									
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		M = M / D = D / Y = Y = Y 11 14 2014													
City							Transaction ID : 2014111495140-5								
Washington															
FEC ID number of contributing federal political committee.	С					7		208	.33						
Name of Employer America's Health Insurance Plans	Occupation														
Receipt For:	I	ice President, Clinical Aff Year-to-Date ▼													
Primary General Other (specify) ▼	Aggregate	4374.93]												
Full Name (Last, First, Middle Initial) C. Dianne Bricker	1			Date of	f Re	eceipt									
Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ling			м м 10	/	D D 31	/ Y	2014	Y						
City Washington	State DC	Zip Code 20004						1495154-6							
FEC ID number of contributing federal political committee.	C			inoun	l OT		eceipt tr	nis Period 41	1.67						
Name of Employer															
America's Health Insurance Plans															
Receipt For:	Aggregate														
Other (specify)		875.07]												
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
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	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (A	AHIP PAC)							
Α.	Full Name (Last, First, Middle Initial) Dianne Bricker	Date of Receipt								
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City	State	Zip Code	M M / D D / Y Y Y Y Y 11 14 2014						
	Washington	DC	20004	Transaction ID : 2014111495140-6 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 Regional D								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		875.07							
В.	Full Name (Last, First, Middle Initial) Brendan Buck	Date of Receipt								
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	10 31 2014								
	City Washington	State DC	Zip Code 20004	Transaction ID : 2014111495154-7 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 VP, Commu		_						
	Receipt For:	Aggregate	Year-to-Date ▼ 833.30							
с.	Full Name (Last, First, Middle Initial) Brendan Buck			Date of Receipt						
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			M M / D D / Y Y Y Y Y 11 14 2014						
	City Washington	State DC	Zip Code 20004	Transaction ID : 2014111495140-7 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	VP, Comm	unications	_						
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
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NAME OF COMMITTEE (In Full) Americas Health Insurance P	lans PAC (A	AHIP PAC)									
Full Name (Last, First, Middle Initial) A. Kathleen Callanan	Full Name (Last, First, Middle Initial) Kathleen Callanan										
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building			Date of Receipt 10 31 2014								
City Washington	State DC	Zip Code 20004	Transaction ID : 2014111495154-8								
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 83.33								
Name of Employer America's Health Insurance Plans	Occupation Vice Preside										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1749.93									
Full Name (Last, First, Middle Initial) B. Kathleen Callanan	Date of Receipt										
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	11 / D D / Y Y Y Y Y 11 14 2014										
City Washington	State DC	Zip Code 20004	Transaction ID : 2014111495140-8 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 Vice Preside										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1749.93									
Full Name (Last, First, Middle Initial) C. Winthrop Cashdollar			Date of Receipt								
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building			10 31 Y Y Y Y Y Y								
City Washington	State DC	Zip Code 20004	Transaction ID : 2014111495154-9 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 D	Director Product Policy									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1312.50	1								
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	B PAC (/	AHIP PAC)												
A.	Full Name (Last, First, Middle Initial) Winthrop Cashdollar														
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City	State	Zip Code	M = M / D = D / Y = Y = Y = Y Y 11 14 2014											
	Washington	DC	20004												
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	Name of Employer America's Health Insurance Plans	Occupation Executive D	Director Product Policy												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1312.50												
— В.	Full Name (Last, First, Middle Initial) Yvonne Chanatry						ceipt								
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code														
	City Washington	State DC		Transaction ID : 2014111495154-10 Amount of Each Receipt this Period											
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	Americale Lleelth Incomerce Diane	Occupation Vice Preside	ent, Marketing and Graphics												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2187.57												
с.	Full Name (Last, First, Middle Initial) Yvonne Chanatry				Date of	f Re	ceipt								
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building				M M 11	/	D D 14	/ Y)14	Y				
	City Washington	State DC	Zip Code 20004				ion ID : Each R				0				
	FEC ID number of contributing federal political committee.	С					,	7		104	.17				
	Name of Employer	Occupation		\neg											
	America's Health Insurance Plans	Vice Presid	ent, Marketing and Graphics												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2187.57												
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14		11c 15	12	Г	17		
	ny 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)											
A.	Full Name (Last, First, Middle Initial) Rebecca Cole			Date of Receipt 10 / 31 / 2014 Transaction ID : 2014111495154-12										
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building		Zie Oede											
	City Washington	State DC	Zip Code 20004				ion ID : Each I							
	FEC ID number of contributing federal political committee.	С			Anoun		1				31.2	5		
	Name of Employer America's Health Insurance Plans	Occupation Director, Pu												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 656.25											
в.	Full Name (Last, First, Middle Initial) Rebecca Cole						eceipt							
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building						11 / Y Y Y Y Y 11 14 2014							
	City Washington	State DC	Zip Code 20004		Transaction ID : 2014111495140-11 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7	_	7	_	31.2	5		
	Name of Employer America's Health Insurance Plans	Occupation Director, Pu												
	Receipt For:	Aggregate	Year-to-Date ▼ 656.25											
с.	Full Name (Last, First, Middle Initial) Kirstin Dawson				Date of Receipt									
	Mailing Address 602 Pennsylvania Avenue N.W Suite 500, South Building				10 31 2014									
	City Washington	State DC	Zip Code 20004				ion ID Each I							
	FEC ID number of contributing federal political committee.	С					7	_	5	_	10.4	2		
	Name of Employer	Occupation	I											
	America's Health Insurance Plans Receipt For:		earch Associate, Clinical Po	_										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 218.82											
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c		12 16	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) Kirstin Dawson Mailing Address 602 Pennsylvania Avenue N.W.				Date of	f Re	D D	/		Y	Y
	Suite 500, South Building City	State	Zip Code		11 Trans	acti	14 on ID :	201411)14 140-1	2
	Washington	DC	20004	A	mount	t of	Each R	eceipt t	his P	eriod	
	FEC ID number of contributing federal political committee.	С				_	,	7	_	10	.42
	Name of Employer	Occupation									
	America's Health Insurance Plans Receipt For:		earch Associate, Clinical Po	_							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 218.82								
В.	Full Name (Last, First, Middle Initial) Gregory Dean				Date of	f Re	ceipt				
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building				м м 10	/	31	/		ү 14	Y
	City Washington	State DC	Zip Code 20004	A			on ID : Each R	-			4
	FEC ID number of contributing federal political committee.	С					7			62	.50
	Name of Employer America's Health Insurance Plans	Occupation Executive D	Director Insurance Education								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1312.50								
С.	Full Name (Last, First, Middle Initial) Gregory Dean				Date of	f Re	ceipt				
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				м м 11	/	D D 14	/		ү 14	Y
	City Washington	State DC	Zip Code 20004	A			i on ID : Each R				3
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	Name of Employer	Occupation	l								
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	×	11a		11b		11c	12		
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	y information copied from such Reports and Sta for commercial purposes, other than using the											
<u> </u>	NAME OF COMMITTEE (In Full)											
	Americas Health Insurance Plan	s PAC (AHIP PAC)									
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	Randolph Desonia			[Date of	f Re	eceipt					
	Mailing Address 601 Pennsylvania Avenue N.W				M M	/	D		/ Y	Y Y	Y	
	Suite 500, South Building City	State	Zip Code	4	11 T roug			4		2014		
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	Name of Employer	Occupation										
	America's Health Insurance Plans		edicaid Policy	_								
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	Full Name (Last, First, Middle Initial)											
	Mary Beth Donahue				Date of	f Re	eceipt					
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	Suite 500, South Building	0.1			10		3	1		2014	_	
	City	State DC	Zip Code							495154-		
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	federal political committee.	-				-	7		7			
	Name of Employer	Occupation										
	America's Health Insurance Plans	Executive V	P, Policy & Operations									
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	Primary General	_	4074.00									
	Other (specify)		4374.93									
	Full Name (Last First Middle Initial)			_								
C.	Full Name (Last, First, Middle Initial) Mary Beth Donahue			r	Date of	f Re	ceint					
-	Mailing Address 601 Pennsylvania Avenue N.W	,				_		D	/	Y Y	Y	
	Suite 500, South Building				11	Ĺ		4		2014	. H	
	City	State	Zip Code		Trans	sacti	ion ID):2	014111	495140-	15	
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	federal political committee.	U					7	-	7	20	5.50	
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	America's Health Insurance Plans	Executive V	P, Policy & Operations									
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43

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14		11c 15	12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plai	ns PAC (A	AHIP PAC)									
A.	Full Name (Last, First, Middle Initial) Daniel Durham				Date o	f Re	eceipt					
	Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building		7. 0.1		M M			D 31	/ Y	y y 2014	_	
	City Washington	State DC	Zip Code 20004							495154- is Perio		
	FEC ID number of contributing federal political committee.	С					,				8.33	
	Name of Employer America's Health Insurance Plans	Occupation Executive \	/ice President									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		4374.93									
В.	Full Name (Last, First, Middle Initial) Daniel Durham				Date o	f Re	eceipt					
	Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building	V.			M M	/		D 14	/ Y	2014	Y	
	City Washington	State DC	Zip Code 20004		Transaction ID : 2014111495140-16 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		208.33							8.33	
	Name of Employer America's Health Insurance Plans	Occupation Executive V	/ice President									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4374.93]								
С.	Full Name (Last, First, Middle Initial) Paul Eiting				Date o	f Re	ceipt					
	Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building				M M	/		D 31	/ Y	2014	Y	
	City Washington	State DC	Zip Code 20004							495154		
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	Name of Employer	Occupation										
	America's Health Insurance Plans	Deputy Dire	ector									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		875.07									
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	y information copied from such Reports and S for commercial purposes, other than using the											
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	Name of Employer	Occupation		\neg								
	America's Health Insurance Plans	Deputy Dire	ctor									
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	Full Name (Last, First, Middle Initial) George Film				Date of	f Re	ceipt					
	Mailing Address 5551 Crock St				M M 10		D D D 16	/ Y	2014	Y		
	City	State	Zip Code		Trans	acti	ion ID :	925AE19	9E6C734	EC98E0		
-	Louisville	OH	44641-8783	Amount of Each Receipt this Period								
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	AultCare	AVP of Fina	nce									
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	Full Name (Last, First, Middle Initial) Andrea Finley				Date of	f Re	ceipt					
	Mailing Address 782 Crestland Ave SE				м м 10		16	/ Y	у у 2014	Y		
	City	State	Zip Code						A1FCF84			
-	North Canton	OH	44720-3300	#	\moun	t of	Each R	eceipt th	nis Period			
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	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 r												
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (/	AHIP PAC)										
Α.	Full Name (Last, First, Middle Initial) Kathryn Gallagher			Date of Receipt									
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City	State	Zip Code	10 31 2014 Transaction ID : 2014111495154-19									
	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	_									
		Policy Anal	yst										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		218.82										
B.	Full Name (Last, First, Middle Initial) Kathryn Gallagher			Date of Receipt									
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			11 14 Y Y Y Y Y Y									
	City Washington	State DC	Zip Code 20004	Transaction ID : 2014111495140-18 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		10.42									
	America's Health Insurance Plans	Occupation Policy Analy											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 218.82										
с.	Full Name (Last, First, Middle Initial) Candy Gallaher			Date of Receipt									
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			10 / Y Y Y Y Y 2014									
	City Washington	State DC	Zip Code 20004	Transaction ID : 2014111495154-20 Amount of Each Receipt this Period									
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	Name of Employer	Occupation	1	_									
	America's Health Insurance Plans	Senior Vice	President										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
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\vdash	UBTOTAL of Receipts This Page (optional)			62.51									
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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin	nd Statements may not be sold or used by any g the name and address of any political committ	person for the purpose of soliciting contributions tee 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. Candy Gallaher		Date of Receipt
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building	1	M = M / D = D / Y = Y = Y = Y 11 14 2014
City Washington	State Zip Code DC 20004	Transaction ID : 2014111495140-19 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	875.07	
Full Name (Last, First, Middle Initial) B. Leanne Gassaway		Date of Receipt
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building		10 31 2014
City Washington	StateZip CodeDC20004	Transaction ID : 2014111495154-21 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	27.08
Name of Employer America's Health Insurance Plans	Occupation Regional Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 568.68	
Full Name (Last, First, Middle Initial) C. Leanne Gassaway		Date of Receipt
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building	3	11 / D D / Y Y Y Y 11 14 2014
City Washington	StateZip CodeDC20004	Transaction ID : 2014111495140-20 Amount of Each Receipt this Period
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Name of Employer	Occupation	
America's Health Insurance Plans	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	568.68	
SUBTOTAL of Receipts This Page (optional	al)	95.83
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		Detailed Summary Page		11a 13	\mid	11b 14	11c	12	4→		
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or for commercial purposes, other than using											
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Name of Employer	Occupation	1									
BlueCross and BlueShield of Minnesota	Executive D	Director									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		1624.95]								
Full Name (Last, First, Middle Initial) 3. Cynthia Goff				Date of	f Re	ceipt					
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BlueCross and BlueShield of Minnesota	Executive D	Director									
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Aultcare	President &	CEO									
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			l ay not be sold or used by any p uddress of any political committe		or the		pos	se of s				
	COMMITTEE (In Full) as Health Insurance	-										
A. Mark Ha	(Last, First, Middle Initial) amelburg dress 601 Pennsylvania Ave N	10/			Date of		_	•			v	V
	South Building, Suite 500				м м 10	′		21	/ Y) 014	Y
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	umber of contributing litical committee.	С					7		7	_	1500.	00
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	Health Insurance Plans	Senior Vice	President									
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Full Name B. Wendy	(Last, First, Middle Initial) Henson	I		[Date of	f Re	ecei	ipt				
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	umber of contributing litical committee.	С		10.00								
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Full Name C. Joni H o	(Last, First, Middle Initial) DNG				Date of	f Re	ecei	ipt				
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	Health Insurance Plans	Senior Ass	ociate Counsel, Special Proj									
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 11c 13 13 14 15	12 16 17
	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.	Mailing Address 601 Pennsylvania Avenue N.W				Y Y Y
	Suite 500, South Building	State	Zip Code	11 14 Transaction ID : 201411149	2014 5140-23
	Washington	DC	20004	Amount of Each Receipt this	
	FEC ID number of contributing federal political committee.	С			31.25
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		ociate Counsel, Special Proj Year-to-Date ▼ 656.25		
В.	Full Name (Last, First, Middle Initial) Burt Hudson			Date of Receipt	
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			10 / Y	2014
	City Washington	State DC	Zip Code 20004	Transaction ID : 201411149	
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this	41.67
	Name of Employer America's Health Insurance Plans	Occupation Deputy Dire	ector, Client Learning Servi	_	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 875.07		
С.	Full Name (Last, First, Middle Initial) Burt Hudson			Date of Receipt	
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			M M / D D / Y 11 14 2	2014
	City Washington	State DC	Zip Code 20004	Transaction ID : 201411149 Amount of Each Receipt this	
	FEC ID number of contributing federal political committee.	С			41.67
	Name of Employer	Occupation		_	
	America's Health Insurance Plans	Deputy Dire	ector, Client Learning Servi		
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			Detailed Summary Page		-		11b	11c	12	<u> </u>		
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/	Americas Health Insurance Plans	5 FAU (1										
Α.	Full Name (Last, First, Middle Initial) Clare Krusing			Date of Receipt								
	Mailing Address 601 Pennsylvania Avenue N.W.				M M	/	D - D) / Y	Y Y	Y		
	Suite 500, South Building	01-1-	Zin Code		10		31		2014			
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	Name of Employer	Occupation										
	America's Health Insurance Plans	Deputy Pres	ss Secretary	_								
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	FEC ID number of contributing federal political committee.	С					,		83	3.33		
	Name of Employer	Occupation										
	America's Health Insurance Plans	Vice Presid	ent									
	Receipt For:	Aggregate	Year-to-Date ▼									
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	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)		7 1 1 1 1 1 1 1 1 1 1			-					
\rangle	Americas Health Insurance Plan	is PAC (/	AHIP PAC)								
	Full Name (Last, First, Middle Initial) Crystal Kuntz			[Date of	f Re	ceipt				
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	Ι.			м м 1_1	/	D 14		/ Y	ү ү 2014	Y
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	Name of Employer	Occupation									
	America's Health Insurance Plans Receipt For:	Vice Presid		_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		1749.93								
	Full Name (Last, First, Middle Initial) Barbara Lardy				Date of	f Re	ceipt				
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	Ι.			м м 10	/	31		/ Y	y y 2014	Y
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	Washington	20004	/	Amount	t of	Each	Rece	eipt thi	s Period		
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	Name of Employer	Occupation		\neg							
	America's Health Insurance Plans	Senior Vice	President, Clinical Affair								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)		833.40								
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C.				[Date of	f Re	ceipt				
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				м м 10	/	3		/ Y	y y 2014	Y
	City Washington	State DC	Zip Code 20004							495154-3 is Period	
	FEC ID number of contributing federal political committee.	С			anoun		,	necc	, pt till		3.33
	Name of Employer	Occupation	1								
	America's Health Insurance Plans	Vice Presid	ent, Federal Affairs								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		1333.28								
	Other (specify)		1353.20								
S	UBTOTAL of Receipts This Page (optional)		•••••	•			7		3	208	.33
т	OTAL This Period (last page this line number c	only)	••••••				,		3		

Use separate schedule(s) for each category of the

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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			
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	is PAC (/	AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Courtney Lawrence Mailing Address 601 Pennsylvania Avenue N.W	1		Date of Receipt
	Suite 500, South Building	State	Zip Code	11 14 2014 Transaction ID : 2014111495140-31
	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	-
	America's Health Insurance Plans	Vice Presid	ent, Federal Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) V		1333.28	
в.	Full Name (Last, First, Middle Initial) Beth Leonard			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			10 31 Y Y Y Y Y Y
	City	State DC	Zip Code 20004	Transaction ID : 2014111495154-33
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period
	Name of Employer America's Health Insurance Plans	Occupation Senior Dire	tor Public Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3124.93	
с.	Full Name (Last, First, Middle Initial) Beth Leonard			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building	ν.		11 / Y Y Y Y Y 11 14 2014
	City Washington	State DC	Zip Code 20004	Transaction ID : 2014111495140-32 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	Senior Dire	ctor Public Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		3124.93	
s	UBTOTAL of Receipts This Page (optional)		······ •	499.99
т	OTAL This Period (last page this line number of	only)		

Use separate schedule(s) for each category of the

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13	F	111 14		11c 15	12	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) Holly Macmoran				Date o	of Re	eceip	pt				
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City	V. State	Zip Code		10 T ree			31	/ Y	2014		
	Washington	DC	20004							495154 iis Perio		
	FEC ID number of contributing federal political committee.	С					7				20.83	
	Name of Employer America's Health Insurance Plans	Occupation Program Ma										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		437.43									
в.	Full Name (Last, First, Middle Initial) Holly Macmoran				Date o	of Re	eceip	pt				
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				M N	/		14	/ Y	2014	Y	
	City Washington	State DC	Zip Code 20004	_						495140 iis Peric		
	FEC ID number of contributing federal political committee.	С		20.83								
	Name of Employer America's Health Insurance Plans	Occupation Program Ma										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 437.43									
с.	Full Name (Last, First, Middle Initial) Amber Manko				Date o	of Re	eceip	pt				
	Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building	V.			м п 10	/		31	/ Y	2014	Y	
	City Washington	State DC	Zip Code 20004	_						495154 iis Peric		
	FEC ID number of contributing federal political committee.	С					7		7		20.83	
	Name of Employer	Occupation	1									
	America's Health Insurance Plans	Administrat	ive Assistant, Federal Affa									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		437.43									
s	UBTOTAL of Receipts This Page (optional)		•	 -			7		7	6	2.49	
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ITEMIZED RECEIPTS	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		
Americas Health Insurance Plar	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Amber Manko		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building City	V. State Zip Code	M m / D m / Y m
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 Administrative Assistant, Federal Affa	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	437.43]
Full Name (Last, First, Middle Initial) B. Debi Manning		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building		10 31 2014
City Washington	StateZip CodeDC20004	Transaction ID : 2014111495154-37 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer America's Health Insurance Plans	Occupation Director of Human Resources	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) C. Debi Manning		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building		M = M / D = D / Y = Y = Y = Y 11 14 2014
City Washington	StateZip CodeDC20004	Transaction ID : 2014111495140-36 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
America's Health Insurance Plans	Director of Human Resources	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	420.00]
SUBTOTAL of Receipts This Page (optional)		60.83
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			Detailed Summary Page		11a 13		11b 14	11	- H	12 16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the				or the		pose c	of solici	ting	contribu	tions				
\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (/	AHIP PAC)												
	Full Name (Last, First, Middle Initial) Anthony Meoni				Date o	f Re	eceipt								
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	-			10 31 2014										
	City Washington	State DC	Zip Code 20004	A						9 5154-3 Period	9				
	FEC ID number of contributing federal political committee.	С					7		,	10	.50				
	Name of Employer America's Health Insurance Plans	Occupation Vice Presid													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.50]											
	Full Name (Last, First, Middle Initial) Anthony Meoni				Date o	f Re	eceipt								
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building				11 14 2014										
	City Washington	State DC	Zip Code 20004							9 5140-3 Period	8				
	FEC ID number of contributing federal political committee.	С					7		,	10	.50				
	Name of Employer America's Health Insurance Plans	Occupation Vice Preside													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.50]											
с.	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	1	D 3			y y 2014	Y				
	City Washington	State DC	Zip Code 20004	A			-	-		9 5154-4 Period	0				
	FEC ID number of contributing federal political committee.	С					7		,	20	.00				
	Name of Employer														
	America's Health Insurance Plans	Executive D	Director Product Policy												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		420.00]											
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т	OTAL This Period (last page this line number o	nly)		•			y		,						

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Any information copied from such Reports and S	tatements ma	av not be sold or used by any r	Derson f	13 or the	nurr	14	15 soliciting	16 1 contribu	17 Itions			
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)				Date of	Re	ceipt						
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building	V.			M = M / D = D / Y = Y = Y = Y 11 14 2014								
City	State	Zip Code		Trans	acti	on ID : :	2014111	495140-3	39			
Washington	DC	20004	/	mount	t of I	Each R	eceipt th	nis Period	l			
FEC ID number of contributing federal political committee.	С					,	7	20	0.00			
Name of Employer	Occupation											
America's Health Insurance Plans	Executive D	Pirector Product Policy										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		420.00]									
Full Name (Last, First, Middle Initial) 3. Julie Miller				Date of	Re	ceipt						
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building	V.		10 31 2014									
City	State	Zip Code		Trans	actio	on ID : :	2014111	495154-4	2			
Washington	DC	20004	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С					,	7	62	2.50			
Name of Employer	Occupation											
America's Health Insurance Plans	Senior Asso	ciate Counsel										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		1312.50										
Full Name (Last, First, Middle Initial)				Date of	Re	ceipt						
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building				м м 11	/	D D D 14	/ Y	ү ү 2014	Ŷ			
City Washington	State DC	Zip Code 20004						495140-4				
	DC	20004	/	mount	t of I	Each R	eceipt th	nis Period				
FEC ID number of contributing federal political committee.	С					,		62	2.50			
Name of Employer												
America's Health Insurance Plans	Senior Asso	ociate Counsel										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General		1312 50										
		1312.50										
Primary General		<u>y i y i w i</u>						145	.00			

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b 14	11 15		12 16	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) Lisa Miller Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building				Date o		ceipt 31	D /		y y 2014	Ŷ
	City Washington	State DC	Zip Code 20004				ion ID				
	FEC ID number of contributing federal political committee.	C			Amoun	t of	Each I	Receip	t this).42
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		ector, Meeting Services Year-to-Date ▼ 218.82								
В.	Full Name (Last, First, Middle Initial)				Date o	f Re	ceipt				
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building				11	1	D 14	D /	Y 2	2014	Y
	City Washington	State DC	Zip Code 20004		Trans Amoun		on ID :				
	FEC ID number of contributing federal political committee.	C			Amoun			receip).42
	Name of Employer America's Health Insurance Plans	Occupation Deputy Dire	ector, Meeting Services								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 218.82								
<u>с</u> .	Full Name (Last, First, Middle Initial) Martin Mitchell Jr.				Date o	f Re	ceipt				
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				м м 10	1	D 31	D /	Y 2	y y 2014	Y
	City Washington	State DC	Zip Code 20004		Trans Amoun		ion ID Each I				
	FEC ID number of contributing federal political committee.	С					1		,		D.83
	Name of Employer	Occupation									
	America's Health Insurance Plans	Director Pro	oduct Policy								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		437.43								
s	UBTOTAL of Receipts This Page (optional)		•	•			7		,	41	.67
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PAGE 30 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plar	ns PAC (/	AHIP PAC)	
A.	Full Name (Last, First, Middle Initial) Martin Mitchell Jr.			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building City	V. State	Zip Code	11 14 2014 Transaction ID : 2014111495140-43
	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 Doduct Policy	_
	Receipt For:			—
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 437.43	
в.	Full Name (Last, First, Middle Initial) Robert Mullen			Date of Receipt
	Mailing Address 3904 37th St NW			10 16 2014
	City	State	Zip Code	Transaction ID : 4B843AAFA79C42458F91
	Canton	OH	44718-3008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Aultcare	Occupation General Co		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
с.	Full Name (Last, First, Middle Initial) Joe Novak			Date of Receipt
	Mailing Address 2600 6th St SW			10 16 Y Y Y Y Y Y
	City Canton	State OH	Zip Code 44710-1702	Transaction ID : AAC244D20A47455CA7E Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	1	_
	Aultcare	Svp, Corpo	rate Services	
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Other (specify)		500.00	
s	UBTOTAL of Receipts This Page (optional)			1020.83
Т	OTAL This Period (last page this line number	only)	•	

Use separate schedule(s) for each category of the

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-	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12 16	17
	ny 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) Sara Pescatello				Date o	f Re	ceipt			
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building		7.0.1		м м 10		31	/ Y	2014	
	City Washington	State DC	Zip Code 20004	-			i on ID : 2 Each Re			
	FEC ID number of contributing federal political committee.	С			Amoun			, teipt ti		20.83
	Name of Employer America's Health Insurance Plans	Occupation Associate								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 374.94							
В.	Full Name (Last, First, Middle Initial)				Date o	f Re	ceipt			
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				M M	/		/ Y	2014	Y
	City Washington	State DC	Zip Code 20004				on ID : 2 Each Re			
	FEC ID number of contributing federal political committee.	С					7	7	2	20.83
	Name of Employer America's Health Insurance Plans	Occupation Associate								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 374.94							
с.	Full Name (Last, First, Middle Initial) Susan Pisano				Date o	f Re	ceipt			
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				м м 10	1	D D 31	/ Y	۲ ۲ 2014	Y
	City Washington	State DC	Zip Code 20004				ion ID : 2 Each Re			
	FEC ID number of contributing federal political committee.	С					,		1	34.39
	Name of Employer	Occupation	1							
	America's Health Insurance Plans	Vice Presid	lent Strategic Communication							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2822.19							
s	UBTOTAL of Receipts This Page (optional)						7	- 7	17	76.05
Т	OTAL This Period (last page this line number o	nly)			L					

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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 Si for commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (A	AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City	/. State	Zip Code	M M / D / Y
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		134.39
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		lent Strategic Communication Year-to-Date ▼ 2822.19	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.M Suite 500, South Building	Ι.		10 31 2014
	City Washington	State DC	Zip Code 20004	Transaction ID : 2014111495154-47 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: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1749.93	
с.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building			M M / D D / Y Y Y Y 11 14 2014
	City Washington	State DC	Zip Code 20004	Transaction ID : 2014111495140-46 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	Director		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1749.93	
s	UBTOTAL of Receipts This Page (optional)		•	301.05
т	OTAL This Period (last page this line number of	only)	••••••	

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	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 St for 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) Mark Pratt			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 2014
	Washington	DC	20004	Transaction ID : 2014111495154-48 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer	Occupation		_
	America's Health Insurance Plans Receipt For:	Senior Vice		_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2625.00	
— B	Full Name (Last, First, Middle Initial) Mark Pratt			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			11 14 _2014 _
	City Washington	State DC	Zip Code 20004	Transaction ID : 2014111495140-47 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 ▼ 2625.00	
с.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			10 31 Y Y Y Y Y
	City Washington	State DC	Zip Code 20004	Transaction ID : 2014111495154-49 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	Vice Presic	lent, Membership	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	L	437.43	
	UBTOTAL of Receipts This Page (optional)			270.83
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		Detailed Summary Page		-		11b 14	11c	12	1 47				
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance F	g the name and a	ddress of any political committe											
Full Name (Last, First, Middle Initial) A. Ingrid Reeves		,		Date of	f Be	aceint							
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	e N.W.			11 14 _ 2014 _									
City	State	Zip Code	<u> </u>		acti		2014111	495140-4	8				
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FEC ID number of contributing federal political committee.	С					л. I.		20	.83				
Name of Employer	Occupation	1											
America's Health Insurance Plans	Vice Presid	lent, Membership											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 437.43]										
Full Name (Last, First, Middle Initial) 3. James R. Savage				Date of Receipt									
Mailing Address 500 Bachtel St SE				м м 10	1	16	/ Y	у у 2014	Y				
City	State OH	Zip Code						9A009E4 his Period					
North Canton													
FEC ID number of contributing federal political committee.	C					7	3	500	.00				
Name of Employer AultCare	Occupation	i ice President											
Receipt For:													
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
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Mailing Address 3371 Hadrian Cir NW				м м 10	/	16	/ Y	ү ү 2014	Y				
City Canton	State OH	Zip Code 44708-5915						6643B544 his Period					
FEC ID number of contributing federal political committee.	С			anoun			eceipt ii	500					
Name of Employer	Occupation	1											
Aultcare													
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			Detailed Summary Page		11a 13		11b 14	11c	12	□ 4 -			
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	for commercial purposes, other than using the	name and a	ddress of any political committe	e to sol	ICIT CO	ntrib	outions fr	om suci	n commit	tee.			
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (/	AHIP PAC)										
	Full Name (Last, First, Middle Initial) Lisa Shreve			C	Date of	f Re	eceipt						
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	Ι.			10 31 2014								
	City	State	Zip Code		Transaction ID : 2014111495154-50								
-	Washington	DC	20004	A	moun	t of	Each Re	eceipt th	nis Period				
	FEC ID number of contributing federal political committee.	С					,	7	41	.67			
	Name of Employer	Occupation											
	America's Health Insurance Plans	Senior Vice	President, Professional Pr										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		875.07	1									
	Full Name (Last, First, Middle Initial) Lisa Shreve				Date of	f Re	eceipt						
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				11 14 2014								
	City	State	Zip Code		9								
	Washington	DC	20004	A	moun	t of	Each Re	eceipt th	nis Period				
	FEC ID number of contributing federal political committee.	С					,	7	41	.67			
	Name of Employer	Occupation											
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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or for commercial purposes, other than using th												
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Full Name (Last, First, Middle Initial) 3. Kristin Stewart Smoot	1			Date of	Re	eceipt						
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Full Name (Last, First, Middle Initial) C. Kristin Stewart Smoot	I			Date of	Re	eceipt						
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13	11b	11c	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the								
\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (/	AHIP PAC)						
Α.	Full Name (Last, First, Middle Initial) Aaron Tucker Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington	State DC	Zip Code 20004		M = M 10 Transa		D / Y 1 : 201411 Receipt tl		-53
	FEC ID number of contributing federal political committee.	С			Anount				0.42
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		n islative & Regulatory Analys Year-to-Date ▼ 218.82						
в.	Full Name (Last, First, Middle Initial) Aaron Tucker Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City	State	Zip Code		M = M 1_1		D / Y	2014	Ŷ
	Washington FEC ID number of contributing federal political committee.	DC C	20004				: 2014111 Receipt th	nis Perio	
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	0	a Islative & Regulatory Analys Year-to-Date ▼ 218.82						
C.	Full Name (Last, First, Middle Initial) Mark Van Koevering				Date of	Receipt			
	Mailing Address 601 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 Receipt For: Primary General Other (specify) ▼	State DC C Occupation Executive I		A		action ID	2014111 Receipt th	nis Perio	
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	NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (/	AHIP PAC)											
Α.	Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.	W.		Date of Receipt										
	Suite 500, South Building	State	Zip Code	11 14 2014 Transaction ID : 2014111495140-53										
	Washington	DC	20004	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 [
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		1749.93											
в.	Full Name (Last, First, Middle Initial) Kelly Vogel			Date of Receipt										
	Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500			10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
	City Washington	State DC	Zip Code 20004-2601	Transaction ID : 6769F3FD424546BEA5D1 Amount of Each Receipt this Period										
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	Name of Employer America's Health Insurance Plans	Occupation Vice Presid												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00											
<u>с.</u>	Full Name (Last, First, Middle Initial) Tiffany Good Witmer			Date of Receipt										
	Mailing Address 508 Kurzen Rd N			10 16 Y Y Y Y Y										
	City Dalton	State OH	Zip Code 44618-9214	Transaction ID : 9A3386A7E8014984973C Amount of Each Receipt this Period										
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	Name of Employer	Occupation	1											
	AultCare Insurance Company	Executive												
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PAGE 39 OF

ITEMIZED RECEIPTS	for each category of t Detailed Summary Pa							
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Americas Health Insurance Pla	ns PAC (AHIP PAC)							
Full Name (Last, First, Middle Initial) Bryan Woit Mailing Address 7712 Diamondback Ave NW		Date of Receipt						
City	State Zip Code	11 06 2014 Transaction ID : DD2AAC6D734D43719C9						
Canal Fulton	OH 44614-8160	Amount of Each Receipt this Period						
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Name of Employer AultCare Insurance Company	Occupation Executive	Aultcare Contributions						
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Full Name (Last, First, Middle Initial) B. Marilyn Zigmund Luke		Date of Receipt						
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building		11 14 2014						
City Washington	State Zip Code DC 20004	Transaction ID : 2014111495140-54 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	10.00						
Name of Employer America's Health Insurance Plans	Occupation Senior Counsel and Compliance Offic	er						
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	y information copied from such Reports and States for commercial purposes, other than using the nar																
\setminus	NAME OF COMMITTEE (In Full)																
	Americas Health Insurance Plans	PAC (AF	HP PAC)														
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А.	Bilirakis for Congress					Date o	_	burse		V V	Y	V			
	Mailing Address PO Box 606					10	ĺ	2			014				
	,	State Zip Code				Transaction ID : E4E73ED58A04575F319									
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в.	Bill Cassidy for US Senate					Date o	f Dis	burse	ment						
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	Mailing Address PO Box 80505					11		1	9	2	014				
	Baton Rouge	State Zip Code LA 70898				Trans	sacti	on ID	: 369A7	53A2	2D2F1	1FC029			
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0.	Marsha Blackburn for Congress, Ir	IC.				M M	_	D		Y Y	Y	Y			
	Mailing Address PO Box 3750					10		2			014				
	,	State Zip Code TN 37024-3750				Trans	sacti	on ID	: 6F5E4	9322	C63A	88648C			
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)																			
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	Mailing Address PO Box 99567						-	10	1 /	2	27	/		014	Y					
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	State: NC District: 02																			
в.	Full Name (Last, First, Middle Initial) Upton Victory Committee							Date c				ent			- V					
	Mailing Address 228 S Washington Street Suite 11					10 28 2014														
	Alexandria	State VA	Zip Code 22314				Transaction I					ransaction ID : 656CAD4FF0D0974CBF3								
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