Image# 13941173894				PAGE 1 / 37
	EPORT OF R ND DISBURS Other Than An Autho	<b>EMENTS</b>		
	e or print ▼	Example: If tuning		Office Use Only
1. NAME OF TYP COMMITTEE (in full)		Example: If typing, to over the lines.	12FE4M5	
Americas Health Insuranc	e Plans PAC (AHIP	PAC)		
ADDRESS (number and street)	01 Pennsylvania Avenue, NW			
▼ S	outh Building, Suite 500			
Check if different than previously reported. (ACC)	Vashington		DC	
2. FEC IDENTIFICATION NUMB	ER V CITY	•	STATE 🔺	ZIP CODE
<b>C</b> C00106740	3. IS T REF	HIS NEW		/ENDED )
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> <li>July 15 Quarterly Report (Q2)</li> <li>October 15 Quarterly Report (Q3)</li> <li>January 31</li> </ul>	(b) Monthly Report Due On: (c) 12-Day <b>PRE</b> -Election Report for the:	(M3) Jun (M4) X Jul 2 Primary (12P) Convention (12C	20 (M6) Sep 20 (M7) Oct General	
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (	30R) State of Special (30S)
Termination Report (TER)	Election	on/ D		in the State of
5. Covering Period 06	01 / Y Y Y Y Y 01 2013	through	06 / D D /	<u>Y Y Y Y</u> 2013
I certify that I have examined this R	eport and to the best of m	y knowledge and belie	f it is true, correct an	d complete.
Type or Print Name of Treasurer	Charles W. Stellar			
Signature of Treasurer	. Stellar	[Electronically File	ad] Date 07	/ D D / Y Y Y Y 18 2013
NOTE: Submission of false, erroneous	, or incomplete information n	nay subject the person	signing this Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

#### 07/18/2013 10 : 15

FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	- Page <b>2</b>
Write or Type Committee Name		
Americas Health Insurance F	Plans PAC (AHIP PAC)	
Report Covering the Period: From:	06 / D D / Y Y Y Y Y 06 01 2013 To:	06 / D D / Y Y Y Y 06 30 2013
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2013	- Y	43551.88
(b) Cash on Hand at Beginning of Reporting Period	19866.50	
(c) Total Receipts (from Line 19)	20169.80	91404.36
<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	40036.30	134956.24
Total Disbursements (from Line 31)	17121.08	112041.02
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22915.22	22915.22
Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)		
<ol> <li>Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)</li> </ol>		

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

#### For further information contact:

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

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

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Image#	13941173896
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#### **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)

Report Covering the Period: From: 06		06 / D D / Y Y Y Y 06 30 2013					
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
11. Contributions (other than loans) From: (a) Individuals/Persons Other	<sup>_</sup>						
Than Political Committees (i) Itemized (use Schedule A)	9752.94	43250.04					
(ii) Unitemized (iii) TOTAL (add	416.86	8154.32					
Lines 11(a)(i) and (ii)	10169.80	51404.36					
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00					
(d) Total Contributions (add Lines	10000.00	40000.00					
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	20169.80	91404.36					
12. Transfers From Affiliated/Other Party Committees	0.00	0.00					
13. All Loans Received	0.00	0.00					
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>	0.00	0.00					
<ul><li>(Refunds, Rebates, etc.)</li><li>(Carry Totals to Line 37, page 5)</li><li>16. Refunds of Contributions Made</li></ul>	0.00	0.00					
to Federal Candidates and Other Political Committees	0.00	0.00					
<ol> <li>Other Federal Receipts (Dividends, Interest, etc.)</li> <li>Transfers from Non-Federal and Levin Funds</li> </ol>	0.00	0.00					
(a) Non-Federal Account (from Schedule H3)	0.00	0.00					
(b) Levin Funds (from Schedule H5)	0.00	0.00					
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00					
19. Total Receipts (add Lines 11(d),	20160.80	91404.36					
<ul> <li>12, 13, 14, 15, 16, 17, and 18(c))</li> <li>20. Total Federal Receipts (subtract Line 18(c) from Line 19)</li></ul>	20169.80	91404.36					

FE6AN026

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		Page 4 COLUMN B		
II. Disbursements	II. Disbursements COLUMN A Total This Period			
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	121.08	541.02		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b)) ► Transfers to Affiliated/Other Party	121.08	541.02		
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	17000.00	111500.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	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	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	0.00	0.00		
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		
	7 7 7			
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	17121.08	112041.02		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)	17101 00	1120/1 02		
from Line 31)	17121.08	112041.02		

FE6AN026

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#### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	20169.80	91404.36
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20169.80	91404.36
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	121.08	541.02
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	121.08	541.02

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

(check only one)

PAGE 6 OF

		Detailed Summary Page		11a 13		11b 14	11c	12									
Any information copied from such Reports	and Statements ma	Ay not be sold or used by any p	person fo	or the	purp	pose of	soliciting	g contribu	tions								
or for commercial purposes, other than usin	ng the name and a	ddress of any political committe	e to sol	icit co	ntrib	utions fr	om sucl	n committ	ee.								
Americas Health Insurance	Plans PAC (	AHIP PAC)															
Full Name (Last, First, Middle Initial)			Date of Receipt														
Mailing Address 601 Pennsylvania Aven Suite 500, South Buildin				06 14 _ 2013 _													
City	State	Zip Code	Transaction ID : 20130612115258-2														
Washington	DC	20004	A	moun	t of	Each Re	eceipt th	nis Period									
FEC ID number of contributing federal political committee.	C					,	7	83	.33								
Name of Employer	Occupation																
Americas Health Insurance Plans	VP, Federa	I Affairs															
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 708.34															
Full Name (Last, First, Middle Initial) 3. Jeremy Allen	I			Date of	f Re	ceipt											
Mailing Address 601 Pennsylvania Avenu Suite 500, South Buildin				06 30 2013													
City	City State Zip Code					Transaction ID : 20130625153729-2											
Washington	DC	20004	Amount of Each Receipt th				nis Period										
FEC ID number of contributing federal political committee.	С					,	,	83	.33								
Name of Employer Americas Health Insurance Plans	Occupation																
Receipt For:	VP, Federa																
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 708.34															
Full Name (Last, First, Middle Initial)				Date of	f Re	ceipt											
Mailing Address 601 Pennsylvania Aven Suite 500, South Buildin				м м 06	/	D D 14	/ Y	2013	Y								
City Washington	State DC	Zip Code 20004						12115258-									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period														
Name of Employer	Occupation																
America's Health Insurance Plans	Executive \	/ice President, Clinical Aff															
Receipt For:	Aggregate	Year-to-Date ▼															
Other (specify)		2083.30															
		/9 /9 /*															
SUBTOTAL of Receipts This Page (option	al)		•			7	7	374.	.99								
TOTAL This Period (last page this line nu	mber only)		• [			,	,										

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	< 11a 13		11b 14	11c		2 6	17
Any information copied from such Reports and or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (/	AHIP PAC)							
✓       Full Name (Last, First, Middle Initial)         A.       Carmella Bocchino         Mailing Address 601 Pennsylvania Avenue N         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 V	Zip Code 20004 Vice President, Clinical Aff Year-to-Date ▼ 2083.30		/ sacti	aceipt 30 ion ID : Each R		201 <b>251537</b> his Per	729-3	_
Full Name (Last, First, Middle Initial) B. Dianne Bricker Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City	Zip Code	Date of	/	D D D 14	/	201		Y	
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 Regional Di Aggregate	20004			on ID : : Each R				_
Full Name (Last, First, Middle Initial)         C. Dianne Bricker         Mailing Address       601 Pennsylvania Avenue N         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)	Zip Code 20004 Director Year-to-Date ▼ 500.04		/ sacti	ion ID : Each R			729-	_	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe					7			291.(	67

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Americas Health Insurance PI	ans PAC (/	AHIP PAC)									
A. Full Name (Last, First, Middle Initial) Kathleen Callanan Mailing Address 601 Pennsylvania Avenue I	N.W.		Date of Receipt								
Suite 500, South Building City	State	Zip Code	06 14 2013 Transaction ID : 20130612115258-5								
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: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.30	1								
Full Name (Last, First, Middle Initial) B. Kathleen Callanan			Date of Receipt								
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building	N.W.		06 30 2013								
City Washington	State DC	Zip Code 20004	Transaction ID : 20130625153729-5 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 Presid	ent, Federal Affairs									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.30	]								
Full Name (Last, First, Middle Initial) C. Winthrop Cashdollar			Date of Receipt								
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building			06 / Y Y Y Y 2013								
City Washington	State DC	Zip Code 20004	Transaction ID : 20130612115258-6 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		62.50								
Name of Employer	Occupation	1									
America's Health Insurance Plans	Executive [	Director Product Policy									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		750.00	]								
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line numb		· · · · · · · · · · · · · · · · · · ·	229.16								

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 9 OF

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 using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
Americas Health Insurance F	Plans PAC (A	HIP PAC)										
Full Name (Last, First, Middle Initial) A. Winthrop Cashdollar Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	e N.W.		Date of Receipt									
City	State	Zip Code	Transaction ID : 20130625153729-6									
Washington	DC	20004	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		62.50									
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		rector Product Policy /ear-to-Date ▼ 750.00	]									
Full Name (Last, First, Middle Initial) B. Yvonne Chanatry			Date of Receipt									
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	9 N.W.		06 14 Y Y Y Y Y 14 2013									
City	State DC	Zip Code	Transaction ID : 20130612115258-7									
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 Vice Presider	nt, Marketing and Graphics										
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 1250.04	]									
Full Name (Last, First, Middle Initial) C. Yvonne Chanatry			Date of Receipt									
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building			M M / D D / Y Y Y Y Y 06 30 2013									
City Washington	State DC	Zip Code 20004	Transaction ID : 20130625153729-7 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		104.17									
Name of Employer	Occupation											
America's Health Insurance Plans		nt, Marketing and Graphics										
Receipt For:	Aggregate Y	′ear-to-Date ▼										
Other (specify) ▼		1250.04	]									
SUBTOTAL of Receipts This Page (optional	l)		270.84									
TOTAL This Period (last page this line num	ber only)											

Use separate schedule(s) for each category of the

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PAGE 10 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b		11c 15		12 16	17	
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose		oliciting		ntribu	tions	
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (A	AHIP PAC)										
Α.	Full Name (Last, First, Middle Initial) Rebecca Cole Mailing Address 601 Pennsylvania Avenue N.W	1			Date o		eceip		/	V	Y	V	
	Suite 500, South Building City	State	Zip Code	_	06			14	013061	2	013		
	Washington	DC	20004	_	Amoun	t of	Eac	h Re	ceipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					7		7		31	.25	
	Name of Employer America's Health Insurance Plans	Occupation Public Affair											
	Receipt For:		Year-to-Date ▼										
	Primary General Other (specify) ▼		375.00										
в.	Full Name (Last, First, Middle Initial) Rebecca Cole				Date o	f Re	eceip	ot					
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	State		06 30 2013							Y		
City			Zip Code		Transaction ID : 20130625153729-9								
	Washington	DC	20004	_	Amount of Each Receipt this Period 31.2								
	FEC ID number of contributing federal political committee.	С											
	Name of Employer America's Health Insurance Plans	Occupation Public Affair											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00										
<u>с</u> .	Full Name (Last, First, Middle Initial)				Date o	f Re	eceip	ot					
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				м м 06	/	D	D 14	/ Y		)13	Y	
	City Washington	State DC	Zip Code 20004		Trans Amoun				013061 ceipt th			·12	
FEC ID number of contributing federal political committee.					62.50							50	
	Name of Employer	Occupation		-									
			Director Insurance Education										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		750.00										
s	UBTOTAL of Receipts This Page (optional)		••••••				7		7		125.	.00	
т	OTAL This Period (last page this line number of	only)	•••••	•			7		J				

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 11 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
or for commercial purposes, other than u		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
Americas Health Insurance	e Plans PAC (AHIP PAC)	
A. Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Ave	Date of Receipt	
Suite 500, South Build	ing State Zip Code	06 30 2013
Washington	DC 20004	Transaction ID : 20130625153729-12 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	
America's Health Insurance Plans	Executive Director Insurance Education	n
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	750	.00
Full Name (Last, First, Middle Initial) B. Mary Beth Donahue		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ling	06 14 2013
City Washington	StateZip CodeDC20004	Transaction ID : 20130612115258-14 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive VP, Policy & Operations	
Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 2083.	.30
Full Name (Last, First, Middle Initial) C. Mary Beth Donahue		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ling	06 / Y Y Y Y 2013
City Washington	State Zip Code DC 20004	Transaction ID : 20130625153729-14
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
America's Health Insurance Plans	Executive VP, Policy & Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	2083	.30
SUBTOTAL of Receipts This Page (opti-	onal)	479.16
TOTAL This Period (last page this line r	number only)	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 12 OF

	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 Statement or for commercial purposes, other than using the name a								
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC)							
Full Name (Last, First, Middle Initial) A. Michael Dudley Mailing Address, 4447 Corporation La		Date of Receipt						
Mailing Address 4417 Corporation Ln	e Zip Code	06 19 2013 Transaction ID : 3ADFB1E850D445458F25						
Virginia Beach VA	23462-3162	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.		2000.00						
Name of Employer Occup								
Sentara Health Plans, Inc. Preside Receipt For:		-						
Primary General Aggree Other (specify) ▼	gate Year-to-Date ▼ 2000.00							
Full Name (Last, First, Middle Initial) B. Katie Dunning		Date of Receipt						
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		06 / Y Y Y Y 06 14 2013						
CityStateWashingtonDC	e Zip Code 20004	Transaction ID : 20130612115258-15           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	41.67							
Name of Employer         Occup           America's Health Insurance Plans         Region	ation al Director	_						
Popoint For:	gate Year-to-Date ▼ 500.04	_						
Full Name (Last, First, Middle Initial) C. Katie Dunning		Date of Receipt						
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		06 30 / Y Y Y Y Y						
City State Washington DC	e Zip Code 20004	Transaction ID : 20130625153729-15 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.		41.67						
Name of Employer Occup	Name of Employer Occupation							
	nal Director	_						
Receipt For:       Aggree         Primary       General         Other (specify) ▼								
SUBTOTAL of Receipts This Page (optional)		2083.34						

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

(check only one)

PAGE 13 OF

•••			Detailed Summary Page		11a 13		11k		11c 15	12		17	
	y information copied from such Reports and Sta for commercial purposes, other than using the				or the				oliciting	g contrik			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (/	AHIP PAC)										
A.	Full Name (Last, First, Middle Initial) Daniel Durham			Date of Receipt									
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			06 14 2013									
	City Washington	State DC	Zip Code 20004	Transaction ID : 20130612115258-16 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7		3	20	08.33		
	Name of Employer America's Health Insurance Plans	Occupation EVP, Policy											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.96										
	Full Name (Last, First, Middle Initial) Daniel Durham				Date of	f Re	eceip	ot					
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code						L	30	/ Y	2013			
	Washington	2ip Code 20004							515372				
	FEC ID number of contributing federal political committee.				7		3	20	8.33				
	Name of Employer America's Health Insurance Plans	and Regulatory Affairs											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.96										
c.	Full Name (Last, First, Middle Initial) Paul Eiting				Date of	f Re	eceip	ot					
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	1.			м м 06	/	D	14	/ Y	ү ү 2013	Y		
	City Washington	State DC	Zip Code 20004							<b>211525</b> nis Peric			
	FEC ID number of contributing federal political committee.	C					7				41.67		
	Name of Employer												
	America's Health Insurance Plans Receipt For:	_											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 427.10	427.10									
	UBTOTAL of Receipts This Page (optional)		<b>r</b>				7		- 7	45	8.33	7	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 14 OF

			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							
$\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (	AHIP PAC)					
A.	Full Name (Last, First, Middle Initial) Paul Eiting			Date of Receipt				
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City	State	Zip Code					
	Washington	DC	20004	Transaction ID : 20130625153729-17           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 Deputy Dire		_				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Other (specify) ▼		427.10					
В.	Full Name (Last, First, Middle Initial) Candy Gallaher			Date of Receipt				
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	06 / D D / Y Y Y Y Y 06 14 2013						
	City Washington	State DC	Zip Code 20004	Transaction ID : 20130612115258-19 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							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04					
с.	Full Name (Last, First, Middle Initial) Candy Gallaher			Date of Receipt				
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			M = M / D = D / Y = Y = Y 06 30 2013				
	City Washington	State DC	Zip Code 20004	Transaction ID : 20130625153729-19 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	Vice Presic	lent, State Policy	_				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Other (specify) ▼							
s	UBTOTAL of Receipts This Page (optional)		•	125.01				
Т	OTAL This Period (last page this line number o	nly)	••••••					

Use separate schedule(s) for each category of the

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PAGE 15 OF

		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 I	Plans PAC (Al	HIP PAC)	
Full Name (Last, First, Middle Initial) A. Leanne Gassaway			Date of Receipt
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building City		Zip Code	06 14 2013 Transaction ID : 20130612115258-20
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		27.08
Name of Employer America's Health Insurance Plans	Occupation Regional Dire	ctor	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 324.96	]
Full Name (Last, First, Middle Initial) B. Leanne Gassaway			Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	M M / D D / Y Y Y Y Y 06 30 2013		
City Washington	State DC	Transaction ID : 20130625153729-20 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		27.08
Name of Employer America's Health Insurance Plans	Occupation Regional Dire	ctor	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 324.96	]
Full Name (Last, First, Middle Initial) C. Cynthia Goff			Date of Receipt
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building	]		M M / D D / Y Y Y Y Y 06 14 2013
City Washington	State DC	Zip Code 20004	Transaction ID : 20130612115258-22           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	Director of Pu	blic Policy	
Receipt For:	Aggregate Ye	ear-to-Date <b>V</b>	
Other (specify)		312.50	]
SUBTOTAL of Receipts This Page (optiona	ı al)		116.66
TOTAL This Period (last page this line nun	nber only)		

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

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PAGE 16 OF

			Detailed Summary Page		11a		11b	, –	11c	12			
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	AME OF COMMITTEE (In Full)						2.101		000				
\	Americas Health Insurance Plan	s PAC (/	AHIP PAC)										
/		- (-	,										
	ull Name (Last, First, Middle Initial) Cynthia Goff				Data a	f De		.+					
	lailing Address 601 Pennsylvania Avenue N.W	1		-  '	Date of					N			
IVI	Suite 500, South Building			06 30 _ 2013 _									
C	ity	State	Zip Code	Transaction ID : 20130625153729-22									
٧	Vashington	DC	20004	Amount of Each Receipt this Period									
	EC ID number of contributing deral political committee.	С					,		7		62.5	0	
N	ame of Employer	Occupation		_									
BI	lueCross and BlueShield of Minnesota												
R	eceipt For:	Aggregate	Year-to-Date ▼										
	Primary General		312.50										
	Other (specify)												
	ull Name (Last, First, Middle Initial) Joni Hong				Date of	f Re	eceip	ot					
Μ	lailing Address 601 Pennsylvania Avenue N.W	'.											
_	Suite 500, South Building				06			14	۱L	2013			
	ity	State DC	Zip Code						013061				
	Vashington	20004	/	Amoun	t of	Eac	h Re	eceipt th	nis Peri	od			
	EC ID number of contributing deral political committee.	С					7		7		31.2	5	
	ame of Employer	Occupation		$\neg$									
	merica's Health Insurance Plans	Senior Asso	ociate Counsel, Special Proj										
R	eceipt For:	Aggregate	Year-to-Date ▼										
-	Primary General		375.00										
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,										
	ull Name (Last, First, Middle Initial)												
	Joni Hong	,			Date of	_							
IVI	lailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	1.			м м 06	/	D	30	/ Y	2013		1	
Ci	ity	State	Zip Code			acti	ion		2013062			1	
V	Vashington	DC	20004	A					eceipt th				
	EC ID number of contributing deral political committee.	С					7		7		31.2	5	
N	ame of Employer	Occupation		_									
	merica's Health Insurance Plans												
R	eceipt For:												
	Primary General												
	Other (specify)	L	375.00										
SUF	BTOTAL of Receipts This Page (optional)									1	25.00	)	
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FOR LINE NUMBER:

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PAGE 17 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11 14	1b 4	11c 15	12 16	17			
	y 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) Burt Hudson				Date of	Rece	ipt						
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City	State	Zip Code		м м 06	/	D D D 14	/ Y	y y 2013				
	Washington	DC	20004		Amount				2115258 is Perio				
	FEC ID number of contributing federal political committee.	С						,		1.67			
	Name of Employer	Occupation	1										
	America's Health Insurance Plans	Deputy Dire	ector, Client Learning Servi										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		500.04										
в.	Full Name (Last, First, Middle Initial) Burt Hudson			Date of	Rece	ipt							
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building						06 / D = D / Y = Y = Y = Y 06 30 2013						
	City Washington	State DC	Zip Code 20004		Transa Amount				5153729 is Perio				
	FEC ID number of contributing federal political committee.	ů – Elektrik					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 ▼ 500.04										
С.	Full Name (Last, First, Middle Initial) Joshua Keepes				Date of	Rece	ipt						
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	•			м м 06	1	D D 14	/ Y	үүү 2013	Y			
	City Washington	State DC	Zip Code 20004		Trans: Amount				<b>211525</b> is Perio				
	FEC ID number of contributing federal political committee.	С						7	4	1.67			
	Name of Employer	Occupation											
	America's Health Insurance Plans	Legislative	and Regulatory Anaylst										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼												
	UBTOTAL of Receipts This Page (optional)							7	12	5.01			

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FOR LINE NUMBER:

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PAGE 18 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	s PAC (A	AHIP PAC)						
Α.	Full Name (Last, First, Middle Initial) Joshua Keepes			Date of Receipt					
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City	/. State	Zip Code	06 / 30 / 2013 Transaction ID : 20130625153729-26					
	Washington	DC	20004	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		41.67					
	Name of Employer	Occupation	1						
	America's Health Insurance Plans	Legislative	and Regulatory Anaylst						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		500.04						
в.	Full Name (Last, First, Middle Initial)	Date of Receipt							
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			06 / 14 2013					
	City Washington	State DC	Zip Code 20004	Transaction ID : 20130612115258-29           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	n nd Regulatory Affairs	_					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.31						
<u> </u>	Full Name (Last, First, Middle Initial) Crystal Kuntz			Date of Receipt					
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			06 30 / Y Y Y Y 2013					
	City Washington	State DC	Zip Code 20004	Transaction ID : 20130625153729-29           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	VP Policy a	and Regulatory Affairs						
			Year-to-Date ▼						
	Primary General Other (specify) ▼		583.31						
s	UBTOTAL of Receipts This Page (optional)			208.33					
	OTAL This Period (last page this line number of								

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PAGE 19 OF

		Detailed Summary Page		-		11b	11c	12		
Any information panied from such D	and Otations at			13		14	15	16	17	
Any information copied from such Report or for commercial purposes, other than u										
NAME OF COMMITTEE (In Full)					_					
Americas Health Insurance	e Plans PAC (A	AHIP PAC)								
Full Name (Last, First, Middle Initial) Barbara Lardy			C	Date of	Red	ceipt				
Mailing Address 601 Pennsylvania Av Suite 500, South Build				м – м 06	/	D D 14	/ Y	ү ү 2013	Y	
City	State	Zip Code		Transaction ID : 20130612115258-30						
Washington	DC	20004	A	mount	t of I	Each R	eceipt th	nis Period		
FEC ID number of contributing federal political committee.	C					, .	9	41	.67	
Name of Employer	Occupation	l								
America's Health Insurance Plans	Senior Vice	President, Clinical Affair								
Receipt For:	Aggregate	Year-to-Date <b>V</b>								
Other (specify)		500.04								
Full Name (Last, First, Middle Initial) <b>3.</b> Barbara Lardy			Date of	Red	ceipt					
Mailing Address 601 Pennsylvania Ave Suite 500, South Buil					06 30 2013					
City	State	Zip Code						5153729-		
Washington	DC	20004	A	mount	t of I	Each R	eceipt th	nis Period		
FEC ID number of contributing federal political committee.				7	y	41	.67			
Name of Employer	Occupation	l								
America's Health Insurance Plans	Senior Vice	President, Clinical Affair								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		500.04								
Full Name (Last, First, Middle Initial) C. Jeff Lemieux				Date of	Red	ceipt				
Mailing Address 601 Pennsylvania Av Suite 500, South Buil	ding			м м 06	/	D D 14	/ Y	у у 2013	Y	
City Washington	State DC	Zip Code 20004						2115258-		
<b>_</b>	DC	20004	A	mount	t of I	Each R	eceipt th	nis Period		
FEC ID number of contributing federal political committee.	С					, .		125	5.00	
Name of Employer										
America's Health Insurance Plans	Svp, Cente	r for Health Policy & Resear								
Receipt For:	Aggregate	Aggregate Year-to-Date ▼								
Primary General		1500.00								
Other (specify)		1	-							
SUBTOTAL of Receipts This Page (opt	onal)		•			,	5	208.	.34	
TOTAL This Period (last page this line	number only)		•			,				

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

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PAGE 20 OF

			Detailed Summary Page	×	-		11b	11c	12				
Ar	y information copied from such Reports and	Statements m	l av not be sold or used by any ne	erson f	13 for the	pur	14 pose of	15 soliciting	16 contrib	utions			
	for commercial purposes, other than using th												
	NAME OF COMMITTEE (In Full)												
$\Big)$	Americas Health Insurance Pla	ins PAC (	AHIP PAC)										
Α.	Full Name (Last, First, Middle Initial) Jeff Lemieux				Date of	f Re	eceipt						
	Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building	W.		M M / D D / Y Y Y Y Y 06 30 2013									
	City	State	Zip Code		Transaction ID : 20130625153729-31								
	Washington	DC	20004	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,		12	5.00			
	Name of Employer	Occupation											
	America's Health Insurance Plans	Svp, Cente	r for Health Policy & Resear										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		1500.00										
В.	Full Name (Last, First, Middle Initial) Beth Leonard	I			Date of	f Re	eceipt						
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building					/	D D 14	/ Y	2013	Y			
	City	State	Zip Code					2013061					
	Washington	DC	20004	- '	Amount	t of	Each R	eceipt th	is Perio	d			
	FEC ID number of contributing federal political committee.					7		8	3.33				
	Name of Employer America's Health Insurance Plans	Occupation Senior Dire	ctor Public Affairs										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96										
C.	Full Name (Last, First, Middle Initial) Beth Leonard	I			Date of	f Re	eceipt						
	Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building				м м 06	/	D D 30	/ Y	ү 2013	Y			
	City	State DC	Zip Code 20004					2013062					
	Washington	DC	20004		Amount	t of	Each R	eceipt th	is Perio	d			
	FEC ID number of contributing federal political committee.	С					7		8	3.33			
	Name of Employer												
	America's Health Insurance Plans												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		999.96										
$\vdash$	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number						7	5	29 <sup>.</sup>	1.66			

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PAGE 21 OF

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 usin		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.						
Americas Health Insurance	Plans PAC (AHIP PAC)							
Full Name (Last, First, Middle Initial) A. Holly Macmoran Mailing Address 601 Pennsylvania Aven	io N W	Date of Receipt						
Suite 500, South Buildin City		06 14 2013 Transaction ID : 20130612115258-33						
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 Program Manager							
Receipt For:	Aggregate Year-to-Date ▼							
Other (specify)	249.96							
Full Name (Last, First, Middle Initial) B. Holly Macmoran		Date of Receipt						
Mailing Address 601 Pennsylvania Avenu Suite 500, South Buildin	06 30 2013							
City Washington	StateZip CodeDC20004	Transaction ID : 20130625153729-33 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 Manager							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96							
Full Name (Last, First, Middle Initial) C. Debi Manning		Date of Receipt						
Mailing Address 601 Pennsylvania Aven Suite 500, South Buildir	g	M M / D D / Y Y Y Y 06 14 2013						
City Washington	StateZip CodeDC20004	Transaction ID : 20130612115258-35           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	20.00						
Name of Employer	Name of Employer Occupation							
America's Health Insurance Plans	Director of Human Resources							
Receipt For:	Aggregate Year-to-Date ▼							
Other (specify)								
SUBTOTAL of Receipts This Page (option	al)	61.66						
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PAGE 22 OF

			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) Debi Manning Mailing Address 601 Pennsylvania Avenue N.W	Ι.		Date of Receipt			
	Suite 500, South Building	State	Zip Code	06 30 2013 Transaction ID : 20130625153729-35			
	Washington	DC	20004	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		20.00			
	Name of Employer	Occupation	1				
	America's Health Insurance Plans	Director of	Human Resources				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		240.00				
в.	Full Name (Last, First, Middle Initial)			Date of Receipt			
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	06 14 Y Y Y Y Y					
	City	State	Zip Code	Transaction ID : 20130612115258-38			
	Washington	DC	20004	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		20.00			
	Name of Employer America's Health Insurance Plans	Occupation Executive E	n Director Product Policy				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00				
<u></u>	Full Name (Last, First, Middle Initial)			Date of Receipt			
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			06 30 / Y Y Y Y Y 06 30 2013			
	City Washington	State DC	Zip Code 20004	Transaction ID : 20130625153729-38 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		20.00			
	Name of Employer	Name of Employer Occupation					
	America's Health Insurance Plans	Executive I	Director Product Policy				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Other (specify) ▼						
s	UBTOTAL of Receipts This Page (optional)		•	60.00			
Т	OTAL This Period (last page this line number of	only)	••••••				

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PAGE 23 OF

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 using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Americas Health Insurance I	Plans PAC (	AHIP PAC)							
Full Name (Last, First, Middle Initial)         Joseph Miller         Mailing Address       601 Pennsylvania Avenu			Date of Receipt						
Suite 500, South Building	State	Zip Code	06 14 2013 Transaction ID : 20130612115258-39						
Washington	DC	20004	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		104.17						
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation General Co Aggregate		]						
Full Name (Last, First, Middle Initial) B. Joseph Miller			Date of Receipt						
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	06 30 2013								
City	State DC	Zip Code 20004	Transaction ID : 20130625153729-39						
Washington FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period								
Name of Employer America's Health Insurance Plans	Occupation General Co								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.04	]						
Full Name (Last, First, Middle Initial) C. Julie Miller			Date of Receipt						
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building	ļ		06 14 Y Y Y Y Y Y						
City Washington	State DC	Zip Code 20004	Transaction ID : 20130612115258-40 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		62.50						
Name of Employer	Name of Employer Occupation								
America's Health Insurance Plans	Senior Ass	ociate Counsel							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼	]								
SUBTOTAL of Receipts This Page (optiona	ـــــــــــــــــــــــــــــــــــــ		270.84						
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 24 OF

			Detailed Summary Page		-		11b	11c	12	<u> </u>					
Anv	information copied from such Reports and St	atements m	l av not be sold or used by any pr	erson	13 for the	DUr	14	15 soliciting	16 contrib	1 utions					
	or commercial purposes, other than using the														
\	NAME OF COMMITTEE (In Full)														
/	Americas Health Insurance Plan	is PAC (/	AHIP PAC)												
F A.	<sup>-</sup> ull Name (Last, First, Middle Initial) Julie Miller				Date of	f Re	eceipt	_	_	_					
_	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	Ι.			06 30 2013										
	City	State	Zip Code		Trans	act	ion ID : 2	2013062	515372	9-40					
_	Washington	DC	20004	'	Amoun	t of	Each Re	eceipt th	is Perio	d					
	FEC ID number of contributing ederal political committee.	С					,	7	6	2.50					
٦	Name of Employer	Occupation	1												
_	America's Health Insurance Plans	Senior Asso	ociate Counsel												
F	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		604.19												
	Full Name (Last, First, Middle Initial) Martin Mitchell Jr.				Date of	f Re	eceipt								
_	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	·.		Mom         /         Drb         /         Yryryry           06         14         2013           Transaction ID : 20130612115258-42           Amount of Each Receipt this Period											
	Dity	State	Zip Code												
_	Washington	DC	20004												
	FEC ID number of contributing ederal political committee.	С					,	7	2	0.83					
	Name of Employer	Occupation	1												
_	America's Health Insurance Plans	Director Pro	oduct Policy												
F	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		249.96												
	Full Name (Last, First, Middle Initial) Martin Mitchell Jr.				Date of	f Re	eceipt								
_	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				м м 06	/	30	/ Y	2013	Y					
	Dity Washington	State DC	Zip Code 20004				ion ID : 2								
-	-	50	20004		Amoun	t of	Each Re	eceipt th	is Perio	d					
	EC ID number of contributing ederal political committee.	С							2	20.83					
٦	Name of Employer	Occupation	I												
_	America's Health Insurance Plans	Director Pro	oduct Policy												
F	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify)		249.96												
			1 1 1												
su	BTOTAL of Receipts This Page (optional)		•	•			Ţ	- 7	10	4.16					
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PAGE 25 OF

			Detailed Summary Page	×	11a		11b		11c	12					
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	y 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)												
	Full Name (Last, First, Middle Initial)														
	Betsy Pelovitz			[	Date of	f Re	eceipt								
	Mailing Address 601 Pennsylvania Avenue N.W	Ι.			M M	/	D		/ Y	Y		1			
	Suite 500, South Building	State	Zip Code	-	06 Trans			4	013064	2013					
	Washington	DC	20004		Transaction ID : 20130612115258-43           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					1				04.1	7			
Ī	Name of Employer	Occupation													
	America's Health Insurance Plans	Vice Presid	ent Product Policy												
Ī	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼														
	Full Name (Last, First, Middle Initial) Betsy Pelovitz				Date of	f Re	eceipt								
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			06         30         2013           Transaction ID : 20130625153729-43           Amount of Each Receipt this Period											
	City	State	Zip Code												
-	Washington	DC	20004	A	Amoun	t of	Each	Re	ceipt th	is Peri	bc				
	FEC ID number of contributing federal political committee.	С					,		J	1	04.1 <sup>-</sup>	7			
	Name of Employer	Occupation													
	America's Health Insurance Plans	Vice Presid	ent Product Policy												
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 1250.04													
c.	Full Name (Last, First, Middle Initial) Susan Pisano				Date of	f Re	eceipt								
	Mailing Address 601 Pennsylvania Avenue N.M Suite 500, South Building				м м 06	1	1	D 4	/ Y	2013	Y	1			
	City	State DC	Zip Code 20004				-		013061			1			
-	Washington	00	20004	/	Amoun	t of	Each	Re	ceipt th	is Peri	bd				
	FEC ID number of contributing federal political committee.	С					3		y	1	34.3	9			
Ī	Name of Employer	Occupation	I												
	America's Health Insurance Plans	Vice Presid	ent Strategic Communication												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		1612.68												
	Other (specify)		1012.00												
	JBTOTAL of Receipts This Page (optional)			<u> </u>		-	<u> </u>		- 1	34	12.73	3			
т	<b>DTAL</b> This Period (last page this line number of	only)	••••••		_		7	_							

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 26 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	s PAC (	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 = D / Y = Y = Y = Y 06 30 2013 Transaction ID : 20130625153729-44										
	Washington	DC	20004	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		134.39										
	Name of Employer	Occupatior	1	_										
	America's Health Insurance Plans	Vice Presid	lent Strategic Communication											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		1612.68											
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt										
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			Mom         /         Prod         /         Y										
	City Washington	State DC	Zip Code 20004											
	FEC ID number of contributing federal political committee.	С		83.33										
	Name of Employer America's Health Insurance Plans	Occupatior Director	1	_										
	Receipt For: Primary General Other (specify) ▼	Receipt For:     Aggregate Year-to-Date ▼       Primary     General												
с.	Full Name (Last, First, Middle Initial)			Date of Receipt										
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			06 30 / Y Y Y Y Y 06 30 2013										
	City Washington	State DC	Zip Code 20004	Transaction ID : 20130625153729-45 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 ▼											
	Other (specify) ▼		999.96											
s	UBTOTAL of Receipts This Page (optional)			301.05										
т	OTAL This Period (last page this line number of	only)	••••••											

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

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PAGE 27 OF

		Detailed Summary Page		-		11b	11c	12	<u> </u>						
Any information copied from such Report	s and Statements ma	l ay not be sold or used by any i	person fo	13 or the	 puri	14 pose of	15 soliciting	16 contribu	17 tions						
or for commercial purposes, other than u															
NAME OF COMMITTEE (In Full)															
Americas Health Insuranc	e Plans PAC (	AHIP PAC)													
Full Name (Last, First, Middle Initial)			Date of Receipt												
Mailing Address 601 Pennsylvania Ave Suite 500, South Build				06 / Y Y Y Y Y Y 14 2013											
City	State	Zip Code		Trans	acti	ion ID : :	2013061	2115258-	46						
Washington	DC	20004	A	mount	t of	Each R	eceipt th	nis Period							
FEC ID number of contributing federal political committee.	C					7		125	.00						
Name of Employer	Occupation	1													
America's Health Insurance Plans	SVP, State	Affairs													
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General Other (specify) ▼		1500.00													
Full Name (Last, First, Middle Initial) B. Mark Pratt				Date of	f Re	eceipt									
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			06 30 2013 Transaction ID : 20130625153729-46												
City	State	Zip Code													
Washington	DC	20004	A	Mount	t of	Each R	eceipt th	nis Period							
FEC ID number of contributing federal political committee.	C					7	7	125	.00						
Name of Employer	Occupation	1													
America's Health Insurance Plans	SVP, State	Affairs													
Receipt For:	Aggregate	Year-to-Date <b>V</b>													
Other (specify) ▼	Primary General														
Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt									
Mailing Address 601 Pennsylvania Ave Suite 500, South Build				м м 06	/	D D 14	/ Y	2013	Y						
City	State DC	Zip Code						12115258-							
Washington	DC	20004	A	Mount	t of	Each R	eceipt th	nis Period							
FEC ID number of contributing federal political committee.	С					7	,	20	.83						
Name of Employer	Occupation	1													
America's Health Insurance Plans	Vice Presic	lent, Membership													
Receipt For:	Aggregate	Year-to-Date ▼													
Other (specify) ▼		249.96													
Other (specify)		7 7 7	-												
SUBTOTAL of Receipts This Page (opti	onal)		•			,		270.	.83						
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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PAGE 28 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	s PAC (/	AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial)         Ingrid Reeves         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 Occupation Vice Presid	Zip Code 20004 ent, Membership Year-to-Date ▼ 249.96	Date of Receipt 06 30 2013 Transaction ID : 20130625153729-48 Amount of Each Receipt this Period 20.83
В.	Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania Avenue N.W			Date of Receipt
	Suite 500, South Building           City           Washington           FEC ID number of contributing           federal political committee.	State DC	Zip Code 20004	06         14         2013           Transaction ID : 20130612115258-49           Amount of Each Receipt this Period           41.67
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		President, Professional Pr Year-to-Date ▼ 500.04	
C.	Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	'.		Date of Receipt 06 30 2013
	City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		Zip Code 20004 President, Professional Pr Year-to-Date ▼ 500.04	Transaction ID : 20130625153729-49         Amount of Each Receipt this Period         41.67
s	UBTOTAL of Receipts This Page (optional)			104.17
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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PAGE 29 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 (	AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Paul Skowronek Mailing Address 601 Pennsylvania Ave NW			Date of Receipt
	South Building Suite 500			06 14 2013
	City Washington	State DC	Zip Code 20004-2601	Transaction ID : 430DDA91EB6A402B9E1
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	
	America's Health Insurance Plans	Vice Presid	lent, State Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
в.	Full Name (Last, First, Middle Initial) Paul Skowronek			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			06 30 2013
	City Washington	State DC	Zip Code 20004	Transaction ID : 20130625153729-50 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer America's Health Insurance Plans	Occupation Vice Presid	n lent, State Affairs	-
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Charles Stellar			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			06 / D D / Y Y Y Y Y 14 2013
	City Washington	State DC	Zip Code 20004	Transaction ID : 20130612115258-51 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	Executive	V.P.	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1250.04	
s	UBTOTAL of Receipts This Page (optional)			2104.17
т	OTAL This Period (last page this line number of	only)		

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

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PAGE 30 OF

			Detailed Summary Page		11a 13		11b 14	$\vdash$	11c	12 16	17				
	y information copied from such Reports and St for commercial purposes, other than using the								oliciting		utions				
<u> </u>	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan														
A.	Full Name (Last, First, Middle Initial) Charles Stellar			[	Date o	f Re	eceipt								
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	Ι.			M = M         /         D = D         /         Y = Y = Y = Y         Y           06         30										
	City Washington	State DC	Zip Code 20004							25153729 nis Period	-				
	FEC ID number of contributing federal political committee.	С					7		9	10	4.17				
	Name of Employer America's Health Insurance Plans	Occupation Executive \													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.04												
	Full Name (Last, First, Middle Initial) Kristin Stewart Smoot				Date o	f Re	eceipt								
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				м м 06	/		D 14	/ Y	2013	Y				
	City Washington	State DC	Zip Code 20004							2115258 nis Period					
	FEC ID number of contributing federal political committee.	С					7		9	20	0.83				
	Name of Employer AHIP	Occupation Manager, S	pecial Projects												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.96												
с.	Full Name (Last, First, Middle Initial) Kristin Stewart Smoot				Date o	f Re	eceipt								
	Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building				м м 06	/		D 30	/ Y	ү ү 2013	Y				
	City Washington	State DC	Zip Code 20004							25153729 his Period					
	FEC ID number of contributing federal political committee.	С					7				0.83				
	Name of Employer	Occupation	1												
	AHIP Receipt For:		pecial Projects	_											
	Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)	L	249.96												
s	UBTOTAL of Receipts This Page (optional)		•				7		- 7	145	5.83				
T	OTAL This Period (last page this line number of	only)		.			7								

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

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PAGE 31 OF

	Detailed Summary Pag									
		13 14 15 16 17								
		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)										
Americas Health Insurance	Plans PAC (AHIP PAC)									
Full Name (Last, First, Middle Initial)		Date of Receipt								
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildin		06 14 2013								
City	State Zip Code	Transaction ID : 20130612115258-55								
Washington	DC 20004	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	50.00								
Name of Employer	Occupation									
America's Health Insurance Plans	Regional Director									
Receipt For:	Aggregate Teal-to-Date V									
Primary General Other (specify) ▼	00									
Full Name (Last, First, Middle Initial) <b>Claudia Tucker</b>	·	Date of Receipt								
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi	ng	06 30 2013								
City	State Zip Code	Transaction ID : 20130625153729-55								
Washington	DC 20004	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	50.00								
Name of Employer	Occupation									
America's Health Insurance Plans	Regional Director									
Receipt For:	Aggregate Year-to-Date ▼									
Primary General Other (specify) ▼	, , 600.0	00								
Full Name (Last, First, Middle Initial) . Mark Van Koevering		Date of Receipt								
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi	ng	06 / Y Y Y Y 06 14 2013								
City Washington	State Zip Code DC 20004	Transaction ID : 20130612115258-57								
	20004	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	83.33								
Name of Employer	Occupation									
America's Health Insurance Plans	Executive Director									
Receipt For:	Aggregate Year-to-Date ▼									
Primary General Other (specify) ▼	999.	96								
SUBTOTAL of Receipts This Page (optio	nal)	183.33								
TOTAL This Period (last page this line ne	umber only)									

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 32 OF

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 St or for commercial purposes, other than using the														
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (A	HIP PAC)												
Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt 06 30 2013 Transaction ID : 20130625153729-57											
Mailing Address 601 Pennsylvania Avenue N.W <u>Suite 500, South Building</u> City	V. State	Zip Code												
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 D	irector	_											
Receipt For:		Year-to-Date ▼												
Primary General Other (specify) ▼		999.96												
Full Name (Last, First, Middle Initial) B. Robert Zirkelbach			Date of Receipt											
Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	Ι.		06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
City	State	Zip Code	Transaction ID : 20130612115258-60											
Washington	DC	20004	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		104.17											
Name of Employer America's Health Insurance Plans	Occupation Press Secre	tary												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.04												
Full Name (Last, First, Middle Initial) C. Robert Zirkelbach			Date of Receipt											
Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building			06 30 2013											
City Washington	State DC	Zip Code 20004	Transaction ID : 20130625153729-60 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		104.17											
Name of Employer	Occupation													
America's Health Insurance Plans	Press Secre	tary												
Receipt For:	Aggregate `	Year-to-Date ▼												
Other (specify)		1250.04												
SUBTOTAL of Receipts This Page (optional)			291.67											
TOTAL This Period (last page this line number of			9752.94											

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

FOR LINE NUMBER:

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PAGE 33 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a         11b         X 11c         12           13         14         15         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) Florida Health Political Action Committee (THE PAG Mailing Address PO Box 6936 4800 Deerwood Campus Parkw City Jacksonville		CROSS & BLUE SHIELD OF FL, INC Zip Code 32236	Date of Histopic           06         25         2013           Transaction ID : C4B71EAA01524D3FB40
	FEC ID number of contributing federal political committee.	Ссо	0161141	Amount of Each Receipt this Period
	Name of Employer       Receipt For:       Primary       General       Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	]
В.	Full Name (Last, First, Middle Initial) Wellcare Health Plans, Inc. PAC (WE Mailing Address 8735 Henderson Road	ELLCARE	EPAC)	Date of Receipt
	City Tampa FEC ID number of contributing federal political committee.	State FL	Zip Code 33634 0390575	Transaction ID : 9FBF2A278D414C45B79           Amount of Each Receipt this Period           5000.00
	Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	Year-to-Date ▼ 5000.00	1
C.	Full Name (Last, First, Middle Initial) Mailing Address			Date of Receipt
	City FEC ID number of contributing federal political committee. Name of Employer	State C Occupation	Zip Code	Amount of Each Receipt this Period
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	]
s	UBTOTAL of Receipts This Page (optional)		•	10000.00
т	OTAL This Period (last page this line number of	nly)	••••••	10000.00

	CHEDULE B (FEC Form 3X)	Use separate schedu				INE N		ER	:			Р	AGE	34	OF 37			
IT	EMIZED DISBURSEMENTS	5 for each category of the Detailed Summary Page			X	only 21b 27	y one) 22 23 28a 28b					24	;	25 29	26 30b			
	y information copied from such Reports and Stater for commercial purposes, other than using the nar																	
$\mathbb{N}$	NAME OF COMMITTEE (In Full)																	
	Americas Health Insurance Plans	PAC (AHIP PAC	;)															
Α.	Full Name (Last, First, Middle Initial) Citibank								_	sburs								
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor		06 03 2013															
		State Zip Code DC 20004					Transaction ID : FCEE4F6EAFFF8CFFC47											
	Purpose of Disbursement Merchant Bankcard Fees	20004		0	01		Amount of Each Disbursement this Period											
	Candidate Name			Cate	egory	//												
	Office Sought: House Disburset	ment For: Primary Gene	eral	Ту	/pe					7				Ŭ				
	State: District:	Other (specify)																
В.	Full Name (Last, First, Middle Initial) Citibank								_	sburs								
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor						06 / 10 / Y Y Y Y 2013											
	City Washington	State Zip Code DC 20004						Transaction ID : 876C746D28ACA2A0F49										
	Purpose of Disbursement Merchant Bankcard Fees			0	01		Amount of Each Disbursement this Period											
	Candidate Name			Category/ Type				31.										
	Office Sought: House Disburser Senate President	ment For: Primary Gene Other (specify) <b>v</b>	eral															
	State: District:																	
C.	Full Name (Last, First, Middle Initial) Paypal							e o	_	sburs	en	_		Y Y				
	Mailing Address 12312 Port Grace Boulevard							26	ĺ		21			2013				
	La Vista	State Zip Code NE 68128					Т	ans	sact	ion II	D :	V7F75	3987	/BA60	D718F50			
	Purpose of Disbursement Credit Card Fee			0	01	٦.	Am	oun	t of	Fach	ιΓ	Disburs	emer	nt this	Period			
	Candidate Name			Cate T\	egory /pe	//	Amount of Each Disbursement this Period 57.60											
	Office Sought: House Disburser Senate President District:					,												
<b>_</b>							Г		-				-	12	1.08			
s	UBTOTAL of Disbursements This Page (optional)						H	÷	÷	7	-		-					
т	OTAL This Period (last page this line number only	)								1	L.		_	12 <sup>.</sup>	1.08			

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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER PAGE 35 OF 37											
		Use separate schedule(s	\ <b> </b>	-		IE NUMBER: PAGE 35									
ITEMIZED DISBURSEMENTS		for each category of the	´   (°		k only ( 21b [	one) 22	$\mathbf{X}$	23	24	25		26			
		Detailed Summary Page		$\mid$	210	22 28a		23 28b	24	,	29	30b			
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	y information copied from such Reports and Stater for commercial purposes, other than using the name														
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$ \rangle$	NAME OF COMMITTEE (In Full)														
	Americas Health Insurance Plans I														
^	Full Name (Last, First, Middle Initial)			Date of			mont								
А.	Bilirakis for Congress														
	Mailing Address PO Box 606							06 / D D / Y Y Y Y 26 2013							
	City	State Zip Code													
	Tarpon Springs	FL 34688-0606		Transaction ID : 98F1C79B8576C58C43C											
	Purpose of Disbursement		_												
	2014 Primary		(	011		Amount	of E	ach	Disburs	ement	t this	Period			
	Candidate Name		Cet	egor	rv/			-							
	Gus Michael Bilirakis			iype	<i>J'</i>			_	7	_	100	0.00			
	Office Sought: X House Disburser	ment For: 2014	1												
	Senate	Primary General													
	President	Other (specify)													
	State: FL District: 12														
	Full Name (Last, First, Middle Initial)														
Β.	Democrats Win Seats (DWS PAC)						Disb	ourse	ment						
						M M	/	D	D /	Y Y	Y	Y			
	Mailing Address PO Box 83142							19	9	2	013				
	5							Transaction ID : 29B9F90B17C5A376EA4							
	Gaithersburg Purpose of Disbursement	MD 20883													
	2013 Contribution			Amount	of F	ach	Disburs	ement	t this	Period					
	Candidate Name		011 Category/ Type												
	Democrats Win Seats (DWS PAC)										100	0.00			
	, , ,	ment For: 2013	790	+				7							
	Senate	Primary General													
	President	Other (specify)													
	State: District:	Contributio	n												
_	Full Name (Last, First, Middle Initial)														
C.	Friends of Jeanne Shaheen					Date of	Disb	ourse	ment						
						M M	/	D	D /	YV	Y	Y			
	Mailing Address 105 N State Street	ite Street					Ĺ	1			013				
	City	City State Zip Code					actio	חו ח	- 4154	CAO	FAOS	306741E			
	Concord								1340						
	Purpose of Disbursement 2014 Primary														
	Candidate Name					Amount of Each Disbursement this Period									
	Category/										100	0.00			
	51							_		_					
	Y Senate President	Primary General													
		Other (specify)													
_	State: NH District:														
.											3000	00			
Ls	<b>UBTOTAL</b> of Disbursements This Page (optional)		••••••••••••••••••••••••••••••••••••••								5000				
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11	OTAL This Period (last page this line number only)	)								_					

S	CHEDULE B (FEC Form 3X)			F	OR		UMBER:			P	AGE	36 (	)F 37			
	EMIZED DISBURSEMENTS	Use set for each	- I		k only	y one)										
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan															
	NAME OF COMMITTEE (In Full)															
	Americas Health Insurance Plans I	PAC (A	HIP PAC)													
^	Full Name (Last, First, Middle Initial)							f Dieł	burse	mont						
А.	Friends of Patrick Murphy								Duise		VV	Y	V			
	Mailing Address 4521 Pga Blvd. #412							06 26 2013								
	City State Zip Code							Transaction ID : 51C918F90C9E6033B54								
	Palm Beach Gardens	FL	33418													
	Purpose of Disbursement 2014 Primary			C	)11		Amount	Amount of Each Disbursement this Period								
	Candidate Name Category/															
	Patrick E. Murphy				ype	'y'			,		_	1000	.00			
	Senate	ment For: Primary	General													
	State: FL District: 18	Other (sp	ecify) 🔻													
	Full Name (Last, First, Middle Initial)															
В.	Matheson for Congress						Date of Disbursement									
	Mailing Address PO Box 521048						06 05 2013									
	City Salt Lake City	State UT	Zip Code 84152-1048				Trans	actio	on ID	: 695CE	0556F	1843E	50C7E			
	Purpose of Disbursement 2014 Primary						Amount of Each Disbursement this Period						Period			
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	James David Matheson	Туре						5000	.00							
		ment For: Primary Other (sp	General													
_	State: UT District: 04															
C.	Full Name (Last, First, Middle Initial) Next Century Fund						Date of	f Dist					_			
	Mailing Address 116 S Royal Street						06 / 20 / Y Y Y Y 2013									
	City Silver Silv	State VA	Zip Code 22314				Trans	actio	on ID	: EA052	20D9C	C345B	63D977			
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	Candidate Name			Cat	egor	rv/				2102010						
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	Office Sought: House Disburser Senate President	ment For: Primary Other (sp	General													
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s	UBTOTAL of Disbursements This Page (optional)								,			9000	.00			
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ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		heck	only	y one)										
		Detailed Summary Page			21b 27	22 28a	X	23 28b		4 3c	25 29	26 30b				
	y information copied from such Reports and Staten for commercial purposes, other than using the nam															
$\backslash$	NAME OF COMMITTEE (In Full)															
	Americas Health Insurance Plans F	PAC (AHIP PAC)														
Δ	Full Name (Last, First, Middle Initial) Portman for Senate Committee					Date o	f Di	shured	mont							
	Mailing Address 9856 Archer Lane															
	City State Zip Code Dublin OH 43017-8914							Transaction ID : 9D3731DDBD5E547A7E8								
	Purpose of Disbursement 2016 Primary		0	11		Amount of Each Disbursement this Period										
	Candidate Name Category/										5000	00				
	Rob Portman	nont For: 0040		ype			-	7		,	5000					
	Senate X President	nent For: 2016 Primary General Other (specify) ▼														
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В.	Full Name (Last, First, Middle Initial)						f Dis	sburse	ement							
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