

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street) ▼

601 Pennsylvania Avenue, NW

South Building, Suite 500

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106740

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
05 01 2012

through

M M M / D D D / Y Y Y Y Y Y
05 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Charles W. Stellar

Signature of Treasurer

Charles W. Stellar

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
06 15 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
05 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
05 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		48849.69
(b) Cash on Hand at Beginning of Reporting Period.....	42533.89	
(c) Total Receipts (from Line 19)	4747.34	82078.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	47281.23	130928.33
7. Total Disbursements (from Line 31)	30063.48	113710.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17217.75	17217.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	2

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		
(i) Itemized (use Schedule A).....	4156.31	38839.91
(ii) Unitemized	591.03	6238.53
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4747.34	45078.44
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	35000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	4747.34	80078.44
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.20
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	4747.34	82078.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	4747.34	82078.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	63.48	710.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	63.48	710.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	113000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30063.48	113710.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30063.48	113710.58

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4747.34	80078.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4747.34	80078.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	63.48	710.58
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	63.48	710.58

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

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

FOR LINE NUMBER: PAGE 6 OF 27
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Dianne Bricker

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

05 / 15 / 2012

Transaction ID : 20120515115227-4

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dianne Bricker

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

05 / 31 / 2012

Transaction ID : 20120606155229-4

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Yvonne Chanatry

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.70

Date of Receipt

05 / 15 / 2012

Transaction ID : 20120515115227-6

Amount of Each Receipt this Period

104.17

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

187.51

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

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

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

FOR LINE NUMBER: PAGE 7 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Yvonne Chanatry

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

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-6

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

B. Rebecca Cole

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

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Public Affairs Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : 20120515115227-8

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

C. Rebecca Cole

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

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Public Affairs Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-8

Amount of Each Receipt this Period

31.25

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

166.67

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

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

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

FOR LINE NUMBER: PAGE 8 OF 27
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Gregory Dean

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director Insurance Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2012

Transaction ID : 20120515115227-11

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

B. Gregory Dean

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director Insurance Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-11

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

C. Katie Dunning

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2012

Transaction ID : 20120515115227-13

Amount of Each Receipt this Period

41.67

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

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

166.67

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

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

FOR LINE NUMBER: PAGE 9 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Katie Dunning

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-13

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Daniel Durham

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

EVP, Policy and Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2012

Transaction ID : 20120515115227-14

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Daniel Durham

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

EVP, Policy and Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-14

Amount of Each Receipt this Period

208.33

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

458.33

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

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

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

FOR LINE NUMBER: PAGE 10 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Paul Eiting

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y
05 / 15 / 2012

Transaction ID : 20120515115227-15

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

B. Paul Eiting

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-15

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

C. Candy Gallaher

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President, State Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y
05 / 15 / 2012

Transaction ID : 20120515115227-16

Amount of Each Receipt this Period

41.67

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

104.17

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

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

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

FOR LINE NUMBER: PAGE 11 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Candy Gallaher

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President, State Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-16

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Leanne Gassaway

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2012

Transaction ID : 20120515115227-17

Amount of Each Receipt this Period

27.08

Full Name (Last, First, Middle Initial)

C. Leanne Gassaway

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-17

Amount of Each Receipt this Period

27.08

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

95.83

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Joni Hong

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

05 / 15 / 2012

Transaction ID : 20120515115227-20

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

B. Joni Hong

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

05 / 31 / 2012

Transaction ID : 20120606155229-20

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

C. Burt Hudson

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, Client Learning Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

05 / 15 / 2012

Transaction ID : 20120515115227-21

Amount of Each Receipt this Period

41.67

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

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

104.17

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Burt Hudson

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, Client Learning Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-21

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Barbara Lardy

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : 20120515115227-22

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Barbara Lardy

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-22

Amount of Each Receipt this Period

41.67

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

125.01

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

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

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

FOR LINE NUMBER: PAGE 14 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Jeff Lemieux

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

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Svp, Center for Health Policy & Resear

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : 20120515115227-24

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Jeff Lemieux

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

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Svp, Center for Health Policy & Resear

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-24

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Beth Leonard

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

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

984.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : 20120515115227-25

Amount of Each Receipt this Period

83.33

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

333.33

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

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

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

FOR LINE NUMBER: PAGE 15 OF 27
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Beth Leonard

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

984.18

Date of Receipt

05 / 31 / 2012

Transaction ID : 20120606155229-25

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Holly Macmoran

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 31 / 2012

Transaction ID : 20120606155229-26

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Joseph Miller

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.70

Date of Receipt

05 / 15 / 2012

Transaction ID : 20120515115227-32

Amount of Each Receipt this Period

104.17

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

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

208.33

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

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

FOR LINE NUMBER: PAGE 16 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Joseph Miller

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.70

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-32

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

B. Julie Miller

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2012

Transaction ID : 20120515115227-33

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Julie Miller

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-33

Amount of Each Receipt this Period

41.67

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

187.51

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

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

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

FOR LINE NUMBER: PAGE 17 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Martin Mitchell Jr.

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

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-35

Amount of Each Receipt this Period

208.30

Full Name (Last, First, Middle Initial)

B. Betsy Pelovitz

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

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.70

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2012

Transaction ID : 20120515115227-36

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

C. Betsy Pelovitz

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

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.70

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-36

Amount of Each Receipt this Period

104.17

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

229.17

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Susan Pisano

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

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1316.46

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2012

Transaction ID : 20120515115227-37

Amount of Each Receipt this Period

134.39

Full Name (Last, First, Middle Initial)

B. Susan Pisano

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

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1316.46

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-37

Amount of Each Receipt this Period

134.39

Full Name (Last, First, Middle Initial)

C. Lawrence Platt

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

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2012

Transaction ID : 20120515115227-38

Amount of Each Receipt this Period

83.33

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

352.11

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

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

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

FOR LINE NUMBER: PAGE 19 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Lawrence Platt

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance Plans

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-38

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Mark Pratt

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance Plans

Occupation
SVP, State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1583.36

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2012

Transaction ID : 20120515115227-39

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mark Pratt

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance Plans

Occupation
SVP, State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1583.36

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-39

Amount of Each Receipt this Period

125.00

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

333.33

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

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

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

FOR LINE NUMBER: PAGE 20 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Ingrid Reeves

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance Plans

Occupation
Vice President, Membership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-41

Amount of Each Receipt this Period

208.30

Full Name (Last, First, Middle Initial)

B. Lisa Shreve

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance Plans

Occupation
Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2012

Transaction ID : 20120515115227-42

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Lisa Shreve

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance Plans

Occupation
Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-42

Amount of Each Receipt this Period

41.67

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

104.17

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Charles Stellar

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive V.P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.70

Date of Receipt

05 / 15 / 2012

Transaction ID : 20120515115227-43

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

B. Charles Stellar

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive V.P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.70

Date of Receipt

05 / 31 / 2012

Transaction ID : 20120606155229-43

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

C. Michael Tuffin

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

05 / 15 / 2012

Transaction ID : 20120515115227-46

Amount of Each Receipt this Period

208.33

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

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

416.67

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Michael Tuffin

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

05 / 31 / 2012

Transaction ID : 20120606155229-46

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Mark Van Koevering

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

05 / 15 / 2012

Transaction ID : 20120515115227-48

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Mark Van Koevering

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

05 / 31 / 2012

Transaction ID : 20120606155229-48

Amount of Each Receipt this Period

83.33

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

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

374.99

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Robert Zirkelbach

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Press Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.70

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2012

Transaction ID : 20120515115227-50

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

B. Robert Zirkelbach

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

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Press Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.70

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2012

Transaction ID : 20120606155229-50

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

208.34

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

4156.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. CitibankMailing Address 1101 Pennsylvania Ave, NW
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement
Merchant Service Fees

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2012

Transaction ID : EA9271E7E261AC1A8B1

Amount of Each Disbursement this Period

31.74

Full Name (Last, First, Middle Initial)

B. CitibankMailing Address 1101 Pennsylvania Ave, NW
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement
Merchant Service Fees

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2012

Transaction ID : ED14566599B20D41AB2

Amount of Each Disbursement this Period

31.74

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

63.48

63.48

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Brady for Congress

Mailing Address PO Box 8277

City	State	Zip Code
the Woodlands	TX	77387

Purpose of Disbursement
2012 Primary

011

Candidate Name

Kevin BradyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2012

Transaction ID : 2DF2065CFA0F9C7486B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Crowley for Congress

Mailing Address 84-56 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement
2012 Primary

011

Candidate Name

Joseph CrowleyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2012

Transaction ID : 97A28A46B4D4B562B75

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Diane Black for Congress

Mailing Address PO Box 1437

City	State	Zip Code
Gallatin	TN	37066

Purpose of Disbursement
2012 Primary

011

Candidate Name

Diane BlackCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2012

Transaction ID : A9CD6D112D765A86ADB

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Friends of John Barrow

Mailing Address PO Box 8166

City	State	Zip Code
Savannah	GA	31412

Purpose of Disbursement
2012 Primary

011

Candidate Name

John Jenkins BarrowCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : 6102FCDE6915219FD5C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Guthrie for Congress

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement
2012 General

011

Candidate Name

S. Brett GuthrieCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : EE4EA072F392266BD1F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mike Thompson for Congress

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement
2012 Primary

011

Candidate Name

Michael C. ThompsonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : B0472EE3E6480F55C9A

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2012

Mailing Address 425 Second Street NE

Transaction ID : A285E554D9D566DEBB2

City	State	Zip Code
Washington	DC	20002

Amount of Each Disbursement this Period

Purpose of Disbursement
2012 Contribution

011

Amount	15000.00
--------	----------

Candidate Name

National Republican Senatorial CommitteeCategory/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For: 2012

☐ Primary	☐ General
☒ Other (specify) ▼	

State: District: Contribution

Full Name (Last, First, Middle Initial)

B. Next Century Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2012

Mailing Address 116 S Royal Street

Transaction ID : 9D9C2A4E1A01E48CD27

City	State	Zip Code
Alexandria	VA	22314

Amount of Each Disbursement this Period

Purpose of Disbursement
2012 Contribution

011

Amount	5000.00
--------	---------

Candidate Name

Next Century FundCategory/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For: 2012

☐ Primary	☐ General
☒ Other (specify) ▼	

State: District: Contribution

Full Name (Last, First, Middle Initial)

C. Tom Reed for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2012

Mailing Address PO Box 450

Transaction ID : 48EE945100F798AE82F

City	State	Zip Code
Victor	NY	14564

Amount of Each Disbursement this Period

Purpose of Disbursement
2012 Primary

011

Amount	1000.00
--------	---------

Candidate Name

Thomas W. Reed II.Category/
Type

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2012

☒ Primary	☐ General
☐ Other (specify) ▼	

State: NY District: 23

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

21000.00

30000.00