



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="48849.69"/>	<input type="text" value="48849.69"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15561.55"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="19780.68"/>	<input type="text" value="117790.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="35342.23"/>	<input type="text" value="166639.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15136.28"/>	<input type="text" value="146433.74"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20205.95"/>	<input type="text" value="20205.95"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

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).....	14260.48	63524.20
(ii) Unitemized .....	520.20	7265.60
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14780.68	70789.80
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	45000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	19780.68	115789.80
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))..... ▶	19780.68	117790.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19780.68	117790.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	136.28	983.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	136.28	983.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	146500.00
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	-1050.00
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)) ..	15136.28	146433.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15136.28	146433.74

**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) .....	19780.68	115789.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19780.68	115789.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	136.28	983.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	136.28	983.74

**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 6 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)**

**A. Jeremy Allen**  
Full Name (Last, First, Middle Initial)

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 Americas Health Insurance Plans Occupation VP, Federal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.69

Date of Receipt  
07 / 13 / 2012  
**Transaction ID : 20120717121557-2**

Amount of Each Receipt this Period  
41.67

**B. Jeremy Allen**  
Full Name (Last, First, Middle Initial)

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 Americas Health Insurance Plans Occupation VP, Federal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.69

Date of Receipt  
07 / 31 / 2012  
**Transaction ID : 20120726112228-2**

Amount of Each Receipt this Period  
41.67

**C. Patricia Blake**  
Full Name (Last, First, Middle Initial)

Mailing Address 175 Maskwonicut St

City Sharon State MA Zip Code 02067-1236

FEC ID number of contributing federal political committee. **C**

Name of Employer Tufts Health Plan Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 24 / 2012  
**Transaction ID : 70F0E8838DF4FE1BD11**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 583.34

**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 7 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

**A. Dianne Bricker**  
Full Name (Last, First, Middle Initial)

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 ▼ **583.38**

Date of Receipt **07 / 13 / 2012**

**Transaction ID : 20120717121557-4**

Amount of Each Receipt this Period **41.67**

**B. Dianne Bricker**  
Full Name (Last, First, Middle Initial)

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 ▼ **583.38**

Date of Receipt **07 / 31 / 2012**

**Transaction ID : 20120726112228-4**

Amount of Each Receipt this Period **41.67**

**C. Tracey Carter**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 Robert Rd

City Marlborough State MA Zip Code 01752-6531

FEC ID number of contributing federal political committee. **C**

Name of Employer Tufts Health Plan Occupation VP Acturial Services, Pricing and Unde

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **07 / 10 / 2012**

**Transaction ID : D4710F6A45AD39B5571**

Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **583.34**

**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 8 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 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 ▼  
1458.38

Date of Receipt  
07 / 13 / 2012  
**Transaction ID : 20120717121557-7**

Amount of Each Receipt this Period  
104.17

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
1458.38

Date of Receipt  
07 / 31 / 2012  
**Transaction ID : 20120726112228-7**

Amount of Each Receipt this Period  
104.17

Full Name (Last, First, Middle Initial)  
**C. Rebecca Cole**

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 Public Affairs Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
442.50

Date of Receipt  
07 / 13 / 2012  
**Transaction ID : 20120717121557-9**

Amount of Each Receipt this Period  
31.25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 239.59

**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 9 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

**A. Rebecca Cole**  
Full Name (Last, First, Middle Initial)

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 Public Affairs Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
442.50

Date of Receipt  
07 / 31 / 2012  
**Transaction ID : 20120726112228-9**

Amount of Each Receipt this Period  
31.25

**B. Lois Cornell**  
Full Name (Last, First, Middle Initial)

Mailing Address 31 Farm Hill Rd

City Natick State MA Zip Code 01760-5552

FEC ID number of contributing federal political committee. **C**

Name of Employer Tufts Health Plan Occupation Sr VP of HR, General Counsel, Sr. Comp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 13 / 2012  
**Transaction ID : C7BBCB81B202A021160**

Amount of Each Receipt this Period  
500.00

**C. Thomas Croswell**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 Wyman Rd

City Lexington State MA Zip Code 02420-3236

FEC ID number of contributing federal political committee. **C**

Name of Employer Tufts Health Plan Occupation Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 19 / 2012  
**Transaction ID : D4C9B451A1796059298**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1031.25

**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 10 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial) <b>A. Gregory Dean</b>		Date of Receipt MM / DD / YYYY 07 / 13 / 2012 <b>Transaction ID : 20120717121557-12</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 62.50
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

Full Name (Last, First, Middle Initial) <b>B. Gregory Dean</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 <b>Transaction ID : 20120726112228-12</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 62.50
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

Full Name (Last, First, Middle Initial) <b>C. Katie Dunning</b>		Date of Receipt MM / DD / YYYY 07 / 13 / 2012 <b>Transaction ID : 20120717121557-14</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 41.67
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	166.67
<b>TOTAL</b> 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 11 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial) <b>A. Katie Dunning</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 <b>Transaction ID : 20120726112228-14</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 41.67
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38

Full Name (Last, First, Middle Initial) <b>B. Daniel Durham</b>		Date of Receipt MM / DD / YYYY 07 / 13 / 2012 <b>Transaction ID : 20120717121557-15</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 208.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2916.62

Full Name (Last, First, Middle Initial) <b>C. Daniel Durham</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 <b>Transaction ID : 20120726112228-15</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 208.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2916.62

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	458.33
<b>TOTAL</b> 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 12 OF 34  
(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 Occupation  
 America's Health Insurance Plans Deputy Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 437.50

Date of Receipt  
 07 / 13 / 2012  
**Transaction ID : 20120717121557-16**

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 Occupation  
 America's Health Insurance Plans Deputy Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 437.50

Date of Receipt  
 07 / 31 / 2012  
**Transaction ID : 20120726112228-16**

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 Occupation  
 America's Health Insurance Plans Vice President, State Policy

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 583.38

Date of Receipt  
 07 / 13 / 2012  
**Transaction ID : 20120717121557-17**

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 13 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

**A. Candy Gallaher**  
Full Name (Last, First, Middle Initial)

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 ▼ **583.38**

Date of Receipt  
07 / 31 / 2012  
**Transaction ID : 20120726112228-17**

Amount of Each Receipt this Period  
**41.67**

**B. Leanne Gassaway**  
Full Name (Last, First, Middle Initial)

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 ▼ **379.12**

Date of Receipt  
07 / 13 / 2012  
**Transaction ID : 20120717121557-18**

Amount of Each Receipt this Period  
**27.08**

**C. Leanne Gassaway**  
Full Name (Last, First, Middle Initial)

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 ▼ **379.12**

Date of Receipt  
07 / 31 / 2012  
**Transaction ID : 20120726112228-18**

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 14 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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) <b>A. Jake Glover</b>		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20120726112228-19</b>
Name of Employer America's Health Insurance Plans	Occupation Director of Health and Wellness Initia	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="15.21"/>
	<input type="text" value="212.94"/>	

Full Name (Last, First, Middle Initial) <b>B. Lydia Greene</b>		Date of Receipt
Mailing Address 21 New Boston Rd		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Amherst	State NH	Zip Code 03031-3211
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : D4B2C88C5AC487ABD6D</b>
Name of Employer Tufts Health Plan	Occupation VP, Human Resources and Diversity	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Aida Guida</b>		Date of Receipt
Mailing Address 2 Moore Rd		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Sudbury	State MA	Zip Code 01776-1912
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 5E2B59F3E274AB6E8D7</b>
Name of Employer Tufts Health Plans	Occupation VP of Finance, Corporate Controller	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="515.21"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 15 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)**

**A. Joni Hong**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 437.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2012  
**Transaction ID : 20120717121557-21**  
 Amount of Each Receipt this Period  
 31.25

**B. Joni Hong**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 437.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2012  
**Transaction ID : 20120726112228-21**  
 Amount of Each Receipt this Period  
 31.25

**C. Burt Hudson**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 583.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2012  
**Transaction ID : 20120717121557-22**  
 Amount of Each Receipt this Period  
 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.17
<b>TOTAL</b> 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 16 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)**

**A. Burt Hudson**  
Full Name (Last, First, Middle Initial)

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 ▼ **583.38**

Date of Receipt  
**07 / 31 / 2012**

**Transaction ID : 20120726112228-22**

Amount of Each Receipt this Period  
**41.67**

**B. Karen Ignagni**  
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW  
S Building, Suite 500

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  
**07 / 05 / 2012**

**Transaction ID : FA75BA6680F7E5857E8**

Amount of Each Receipt this Period  
**2500.00**

**C. Jean Knapp**  
Full Name (Last, First, Middle Initial)

Mailing Address 59 Hunter Ln

City Lancaster State MA Zip Code 01523-3041

FEC ID number of contributing federal political committee. **C**

Name of Employer Tufts Health Plan Occupation AVP Budgeting & Financial Planning

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**07 / 10 / 2012**

**Transaction ID : 366833CF309402BB231**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2791.67**

**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: (check only one)	PAGE 17 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

**A. Barbara Lardy**  
 Full Name (Last, First, Middle Initial)  
 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 **583.38**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2012  
**Transaction ID : 20120717121557-24**  
 Amount of Each Receipt this Period  
**41.67**

**B. Barbara Lardy**  
 Full Name (Last, First, Middle Initial)  
 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 **583.38**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2012  
**Transaction ID : 20120726112228-24**  
 Amount of Each Receipt this Period  
**41.67**

**C. Jeff Lemieux**  
 Full Name (Last, First, Middle Initial)  
 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, Center for Health Policy & Resear  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2012  
**Transaction ID : 20120717121557-26**  
 Amount of Each Receipt this Period  
**125.00**

**SUBTOTAL** of Receipts This Page (optional)..... **208.34**

**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 18 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

**A. Jeff Lemieux**  
 Full Name (Last, First, Middle Initial)  
 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, Center for Health Policy & Resear  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 31 / 2012  
**Transaction ID : 20120726112228-26**  
 Amount of Each Receipt this Period 125.00

**B. Beth Leonard**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 1317.50

Date of Receipt 07 / 13 / 2012  
**Transaction ID : 20120717121557-27**  
 Amount of Each Receipt this Period 83.33

**C. Beth Leonard**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 1317.50

Date of Receipt 07 / 31 / 2012  
**Transaction ID : 20120726112228-27**  
 Amount of Each Receipt this Period 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	291.66
<b>TOTAL</b> 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 34  
(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. Kristin Lewis**

Mailing Address 705 Mount Auburn St

City State Zip Code  
 Watertown MA 02472-1508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Tufts Health Plan VP, Government Affairs, Public Policy

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2012  
**Transaction ID : 1DEB2276B6657F19DE0**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Holly Macmoran**

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 Occupation  
 America's Health Insurance Plans Program Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 291.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2012  
**Transaction ID : 20120717121557-28**

Amount of Each Receipt this Period  
 20.83

Full Name (Last, First, Middle Initial)  
**C. Holly Macmoran**

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 Occupation  
 America's Health Insurance Plans Program Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 291.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2012  
**Transaction ID : 20120726112228-28**

Amount of Each Receipt this Period  
 20.83

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 291.66

**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 20 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

**A. Amber Manko**  
Full Name (Last, First, Middle Initial)

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 Administrative Assistant, Federal Affa

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.94**

Date of Receipt  
**07 / 31 / 2012**  
Transaction ID : **20120726112228-29**

Amount of Each Receipt this Period  
**15.21**

**B. Debi Manning**  
Full Name (Last, First, Middle Initial)

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 of Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
**07 / 13 / 2012**  
Transaction ID : **20120717121557-30**

Amount of Each Receipt this Period  
**20.00**

**C. Debi Manning**  
Full Name (Last, First, Middle Initial)

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 of Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
**07 / 31 / 2012**  
Transaction ID : **20120726112228-30**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **55.21**

**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 21 OF 34  
(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. Thomas Meyers**

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 Product Policy

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 07 / 13 / 2012  
**Transaction ID : 20120717121557-33**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Thomas Meyers**

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 Product Policy

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 07 / 31 / 2012  
**Transaction ID : 20120726112228-33**

Amount of Each Receipt this Period  
 20.00

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 ▼  
 1458.38

Date of Receipt  
 07 / 13 / 2012  
**Transaction ID : 20120717121557-34**

Amount of Each Receipt this Period  
 104.17

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 144.17

**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 22 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

**A. Joseph Miller**  
Full Name (Last, First, Middle Initial)

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 ▼  
1458.38

Date of Receipt  
07 / 31 / 2012  
**Transaction ID : 20120726112228-34**

Amount of Each Receipt this Period  
104.17

**B. Julie Miller**  
Full Name (Last, First, Middle Initial)

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 ▼  
583.38

Date of Receipt  
07 / 13 / 2012  
**Transaction ID : 20120717121557-35**

Amount of Each Receipt this Period  
41.67

**C. Julie Miller**  
Full Name (Last, First, Middle Initial)

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 ▼  
583.38

Date of Receipt  
07 / 31 / 2012  
**Transaction ID : 20120726112228-35**

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: (check only one)	PAGE 23 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial) <b>A. Martin Mitchell Jr.</b>		Date of Receipt MM / DD / YYYY 07 / 13 / 2012 <b>Transaction ID : 20120717121557-37</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 20.83
City Washington	State DC	
Zip Code 20004	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 291.62
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Martin Mitchell Jr.</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 <b>Transaction ID : 20120726112228-37</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 20.83
City Washington	State DC	
Zip Code 20004	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 291.62
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Teresa Mulligan</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 <b>Transaction ID : 20120726112228-8</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 14.58
City Washington	State DC	
Zip Code 20004	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 204.12
Name of Employer America's Health Insurance Plans	Occupation Executive Director, Policy Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	56.24
<b>TOTAL</b> 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 24 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial) <b>A. Betsy Pelovitz</b>		Date of Receipt MM / DD / YYYY 07 / 13 / 2012 <b>Transaction ID : 20120717121557-38</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 104.17
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 Product Policy	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.38

Full Name (Last, First, Middle Initial) <b>B. Betsy Pelovitz</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 <b>Transaction ID : 20120726112228-38</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 104.17
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 Product Policy	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.38

Full Name (Last, First, Middle Initial) <b>C. Susan Pisano</b>		Date of Receipt MM / DD / YYYY 07 / 13 / 2012 <b>Transaction ID : 20120717121557-39</b>
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 134.39
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 Strategic Communication	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1854.02

<b>SUBTOTAL</b> of Receipts This Page (optional).....	342.73
<b>TOTAL</b> 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 25 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

**A. Susan Pisano**  
 Full Name (Last, First, Middle Initial)  
 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 Strategic Communication  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1854.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2012  
**Transaction ID : 20120726112228-39**  
 Amount of Each Receipt this Period  
 134.39

**B. Lawrence Platt**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 1166.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2012  
**Transaction ID : 20120717121557-40**  
 Amount of Each Receipt this Period  
 83.33

**C. Lawrence Platt**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 1166.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2012  
**Transaction ID : 20120726112228-40**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	301.05
<b>TOTAL</b> 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 26 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

**A. Mark Pratt**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 2083.36

Date of Receipt 07 / 13 / 2012  
**Transaction ID : 20120717121557-41**  
 Amount of Each Receipt this Period 125.00

**B. Mark Pratt**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 2083.36

Date of Receipt 07 / 31 / 2012  
**Transaction ID : 20120726112228-41**  
 Amount of Each Receipt this Period 125.00

**c. Ingrid Reeves**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 291.62

Date of Receipt 07 / 13 / 2012  
**Transaction ID : 20120717121557-43**  
 Amount of Each Receipt this Period 20.83

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.83
<b>TOTAL</b> 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 27 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

**A. Ingrid Reeves**  
Full Name (Last, First, Middle Initial)

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 ▼  
291.62

Date of Receipt  
07 / 31 / 2012  
**Transaction ID : 20120726112228-43**

Amount of Each Receipt this Period  
20.83

**B. James Roosevelt Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 705 Mount Auburn St

City Watertown State MA Zip Code 02472-1508

FEC ID number of contributing federal political committee. **C**

Name of Employer Tufts Health Plan Occupation President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
07 / 23 / 2012  
**Transaction ID : A5D74B6C58E7162FE28**

Amount of Each Receipt this Period  
2000.00

**C. Lisa Shreve**  
Full Name (Last, First, Middle Initial)

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 ▼  
583.38

Date of Receipt  
07 / 13 / 2012  
**Transaction ID : 20120717121557-44**

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2062.50

**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 28 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

**A. Lisa Shreve**  
Full Name (Last, First, Middle Initial)

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 ▼ **583.38**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2012  
**Transaction ID : 20120726112228-44**

Amount of Each Receipt this Period  
**41.67**

**B. Charles Stellar**  
Full Name (Last, First, Middle Initial)

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 ▼ **1458.38**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2012  
**Transaction ID : 20120717121557-45**

Amount of Each Receipt this Period  
**104.17**

**c. Charles Stellar**  
Full Name (Last, First, Middle Initial)

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 ▼ **1458.38**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2012  
**Transaction ID : 20120726112228-45**

Amount of Each Receipt this Period  
**104.17**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.01</b>
<b>TOTAL</b> 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 29 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

**A. Miriam Sullivan**  
Full Name (Last, First, Middle Initial)

Mailing Address 241 Cedar Ave

City Arlington State MA Zip Code 02476-7335

FEC ID number of contributing federal political committee. **C**

Name of Employer Tufts Health Plan Occupation AVP, Allied Health & Pharmacy Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 31 / 2012  
**Transaction ID : 9E1D636FB9B9E0147CE**

Amount of Each Receipt this Period 250.00

**B. Mark Van Koeving**  
Full Name (Last, First, Middle Initial)

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 ▼ 1166.62

Date of Receipt 07 / 13 / 2012  
**Transaction ID : 20120717121557-50**

Amount of Each Receipt this Period 83.33

**C. Mark Van Koeving**  
Full Name (Last, First, Middle Initial)

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 ▼ 1166.62

Date of Receipt 07 / 31 / 2012  
**Transaction ID : 20120726112228-50**

Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 416.66

**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 30 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

**A. Brad Wolfram**  
Full Name (Last, First, Middle Initial)

Mailing Address 1405 High Lonesome

City Leander State TX Zip Code 78641-3660

FEC ID number of contributing federal political committee. **C**

Name of Employer United Teacher Associates Insurance Co Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 19 / 2012  
**Transaction ID : 799E0A9F04B8C19D778**

Amount of Each Receipt this Period 2500.00

**B. Robert Zirkelbach**  
Full Name (Last, First, Middle Initial)

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 ▼ 1458.38

Date of Receipt 07 / 13 / 2012  
**Transaction ID : 20120717121557-52**

Amount of Each Receipt this Period 104.17

**C. Robert Zirkelbach**  
Full Name (Last, First, Middle Initial)

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 ▼ 1458.38

Date of Receipt 07 / 31 / 2012  
**Transaction ID : 20120726112228-52**

Amount of Each Receipt this Period 104.17

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2708.34
<b>TOTAL</b> This Period (last page this line number only).....▶	14260.48

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

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

FOR LINE NUMBER: PAGE 31 OF 34  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

**A. Emblemhealth Services Company Llc Federal PAC (AKA EMBLEMHEALTH PAC)**  
Full Name (Last, First, Middle Initial)  
Mailing Address 55 Water Street  
City New York State NY Zip Code 10041  
FEC ID number of contributing federal political committee. **C** C00412247  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 19 / 2012  
**Transaction ID : 31EAD28DF1C9FC9352E**  
Amount of Each Receipt this Period  
5000.00

**B.**  
Full Name (Last, First, Middle Initial)  
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 Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
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 Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Merchant Bankcard Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2012

Transaction ID : AF8201D60C95D162F7B

Amount of Each Disbursement this Period

31.74

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Merchant Bankcard Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2012

Transaction ID : 7666BFC721EBD21C7B4

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  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

**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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Bill Cassidy for Congress**

Mailing Address PO Box 80505

City State Zip Code  
Baton Rouge LA 70898-0505

Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**William Cassidy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 19 / 2012

Transaction ID : B1BD8D8B2D5EA795506

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Blue Dog Political Action Committee**

Mailing Address 6849 Old Dominion Drive  
Suite 222

City State Zip Code  
McLean VA 22101

Purpose of Disbursement  
2012 Contribution

011

Category/  
Type

Candidate Name

**Blue Dog Political Action Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

Transaction ID : 05CA7A888CBD46BC945

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Blue Dog Political Action Committee**

Mailing Address 6849 Old Dominion Drive  
Suite 222

City State Zip Code  
McLean VA 22101

Purpose of Disbursement  
2012 Contribution

011

Category/  
Type

Candidate Name

**Blue Dog Political Action Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2012

Transaction ID : 3A819F7093BD77FC1E1

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Continuing a Majority Party Action Committee (CAMPAC)**

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**Continuing a Majority Party Action Committee (CAMPAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2012

**Transaction ID : AB8B0177955808461EB**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Freedom Fund**

Mailing Address 701 8th Street, NW  
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**Freedom Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2012

**Transaction ID : 715C51EB2EFAA90E7EE**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Great Land PAC**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**Great Land PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2012

**Transaction ID : AA8A28BCD9D8C47983B**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8000.00

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

15000.00