Image# 15971081072 PAGE 1 / 28

### **FEC** FORM 3X

## **REPORT OF RECEIPTS** AND DISBURSEMENTS For Other Than An Authorized Committee

	or Other Than An Ai	utilorized Committe	e	Office Use Only
NAME OF T     COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typin over the lines.	g, type 12FE4M5	
Americas Health Insura	nce Plans PAC (A	HIP PAC)		
ADDRESS (number and street)	601 Pennsylvania Avenue	e, <b>NW</b>		
Check if different	South Building, Suite 500	) 		
than previously reported. (ACC)	Washington		DC	20004
2. FEC IDENTIFICATION NUM	/IBER ▼	CITY A	STATE ▲	ZIP CODE ▲
C C00106740	3.	$\sim$	EW OR AM	MENDED
4. TYPE OF REPORT (Choose One)	Report Due On:			20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:				20 (M9) Dec 20 (M12) (Non-Election Year Only)  20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q1)				
July 15 Quarterly Report (Q2)	(c) 12-Day  PRF-Election	Primary (12P  Convention (	H	
October 15 Quarterly Report (Q3)	·	Convention (	20) Spoolai (	.20)
January 31 Year-End Report (YE	) Elec	etion on	D D / Y H Y H Y H Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	· ·	) Runoff (S	Special (30S)
Termination Report (TER)		etion on	D = D / Y = Y = Y	in the State of
5. Covering Period 04	01 2015		04 30	2015
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best Charles W. Stellar	of my knowledge and b	elief it is true, correct and	d complete.
Signature of Treasurer Charles	s W. Stellar	[Electronically	Filed] Date 05	/ 20 / Y Y Y Y Y Y Z Y Z Y Z Y Z Y Z Y Z Y Z
NOTE: Submission of false, erroneo	us, or incomplete informa	tion may subject the pers	on signing this Report to the	ne 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: 04 01 2015 To: 04 30 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date				
6.	(a) Cash on Hand January 1, 2015		47941.84				
	(b) Cash on Hand at Beginning of Reporting Period	56875.21					
	(c) Total Receipts (from Line 19)	11625.11	93706.79				
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	68500.32	141648.63				
7.	Total Disbursements (from Line 31)	10019.99	83168.30				
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58480.33	58480.33				
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					
10.	Debts and Obligations Owed <b>BY</b> 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)

Write or Type Committee Name

## Americas Health Insurance Plans PAC (AHIP PAC)

I. Receipts	I. Receipts COLUMN A Total This Period					
Contributions (other than loans) From:	1					
(a) Individuals/Persons Other						
Than Political Committees	5040.70	42220.04				
(i) Itemized (use Schedule A)	5918.70	42228.01				
(ii) Unitemized	706.41	6478.78				
(iii) TOTAL (add						
Lines 11(a)(i) and (ii)▶	6625.11	48706.79				
(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)	11625.11	93706.79				
Transfers From Affiliated/Other						
Party Committees	0.00	0.00				
-						
All Loans Received	0.00	0.00				
Loan Repayments Received	0.00	0.00				
Offsets To Operating Expenditures	7					
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5)	0.00	0.00				
Refunds of Contributions Made						
to Federal Candidates and Other						
Political Committees	0.00	0.00				
Other Federal Receipts						
(Dividends, Interest, etc.)	0.00	0.00				
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				
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	11625.11	93706.7				
Total Federal Receipts						
(subtract Line 18(c) from Line 19)▶	11625.11	93706.79				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
. Operating Expenditures:  (a) Allocated Federal/Non-Federal	11110 1 01100	Calcilda Teal-10-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	19.99	168.30			
Expenditures(c) Total Operating Expenditures	19.99	100.30			
(add 21(a)(i), (a)(ii), and (b))▶	19.99	168.30			
Transfers to Affiliated/Other Party					
Committees	0.00	0.00			
Contributions to Federal Candidates/Committees					
and Other Political Committees	10000.00	78000.00			
Independent Expenditures	0.00	0.00			
(use Schedule E)  Coordinated Party Expenditures	0.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
(use deficulte 1)					
Loan Repayments Made	0.00	0.00			
Loans MadeRefunds of Contributions To:	0.00	0.00			
(a) Individuals/Persons Other		0.00			
Than Political Committees	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(b) Political Party Committees	0.00				
(such as PACs)	0.00	5000.00			
(d) Total Contribution Refunds	0.00				
(add Lines 28(a), (b), and (c))▶	0.00	5000.00			
Other Disbursements	0.00	0.00			
Other Disbursements	0.00	0.00			
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)					
(i) Federal Share	0.00	0.00			
		0.00			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely	0.00	0.00			
With Federal Funds(c) Total Federal Election Activity (add	0.00	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
	7	7 7			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10019.99	83168.30			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)	40040.00	924.00.00			
from Line 31)	10019.99	83168.30			

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	11625.11	93706.79		
4. Total Contribution Refunds (from Line 28(d))	0.00	5000.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11625.11	88706.79		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	19.99	168.30		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	19.99	168.30		

FOR LINE NUMBER: PAGE 6 OF (check only one) X 11a 11b 12 11c

28 Use separate schedule(s) for each category of the Detailed Summary Page 14 13 15 16 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) Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 20150514153741-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Vice President Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1025.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2015 City State Zip Code Transaction ID: 20150514153754-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Americas Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1025.00 Other (specify) Full Name (Last, First, Middle Initial) Tom Amontree Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 04 15 2015 Suite 500, South Building City State Zip Code Transaction ID: 20150514153741-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Business Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.64 Other (specify) 458.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LIN	PAGE	:	7	OF		28				
(check only one)										
<b>X</b> 11a		11b		11c		12				
13		14		15		16			17	

Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  Tom Amontree  Mailing Address 601 Pennsylvania Avenue N.V.  Suite 500, South Building	V.	Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : 20150514153754-4
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer	Occupation	
America's Health Insurance Plans	Executive Vice President, Business Aff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64	
Full Name (Last, First, Middle Initial)  Carmella Bocchino  Mailing Address COA Passaultania August N.V.		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building	ν.	04 15 2015
City	State Zip Code	Transaction ID : 20150514153741-5
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President, Clinical Aff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64	
Full Name (Last, First, Middle Initial)  C. Carmella Bocchino		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.\ Suite 500, South Building		04 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004	Transaction ID : 20150514153754-5
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  208.33
Name of Employer	Occupation	
America's Health Insurance Plans	Executive Vice President, Clinical Aff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1666.64	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	624.99
TOTAL This Period (last page this line number	only).	

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

FOF	LINE	NU	MBER	:	PAGE		8	OF	28
(check only one)									
X	11a		11b		11c		12	2	
	13		14		15		16	6	17

	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  A. Dianne Bricker		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.	W.	M = M / D = D / Y = Y = Y
Suite 500, South Building	Otata 7: 0 l	04 15 2015
City Washington	State Zip Code DC 20004	Transaction ID : 20150514153741-6
Washington	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
America's Health Insurance Plans	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	408.36	
Full Name (Last, First, Middle Initial)  Dianne Bricker		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.	W	M = M / D = D / Y = Y = Y
Suite 500, South Building	State 7:- O-d-	04 30 2015
City Washington	State Zip Code DC 20004	Transaction ID : 20150514153754-6
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
America's Health Insurance Plans	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	408.36	
Full Name (Last, First, Middle Initial)		8. (5. )
Kathleen Callanan		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building	.vv.	04 15 2015
City Suite 500, South Building	State Zip Code	Transaction ID : 20150514153741-7
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	666.64	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	166.67
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 14 13 15 16 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) Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2015 City Zip Code State Transaction ID: 20150514153754-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 666.64 Other (specify) Full Name (Last, First, Middle Initial) B. Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 15 2015 City State Zip Code Transaction ID: 20150514153741-8 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 04 2015 City State Zip Code Transaction ID: 20150514153754-8 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 208.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF 28 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 20150514153741-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 833.36 Other (specify) Full Name (Last, First, Middle Initial) B. Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2015 City State Zip Code Transaction ID: 20150514153754-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 833.36 Other (specify) Full Name (Last, First, Middle Initial) c. Rebecca Cole Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 04 15 2015 Suite 500, South Building City State Zip Code Transaction ID: 20150514153741-10 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 С federal political committee. Name of Employer Occupation Director, Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 239.59 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 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) Rebecca Cole Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2015 City Zip Code State Transaction ID: 20150514153754-10 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation Director, Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 15 2015 City State Zip Code Transaction ID: 20150514153741-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 04 2015 Suite 500, South Building City State Zip Code Transaction ID: 20150514153754-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) 156.25 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 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) Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 20150514153741-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.64 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2015 City State Zip Code Transaction ID: 20150514153754-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.64 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 04 15 2015 Suite 500, South Building City State Zip Code Transaction ID: 20150514153741-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.64 Other (specify) 624.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 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) Matthew Eyles Date of Receipt Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 20 2015 City Zip Code State Transaction ID: FC94AF34B8404337AAF9 DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 475.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Director, Policy & Regulator Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Candy Gallaher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 15 2015 City State Zip Code Transaction ID: 20150514153741-18 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Candy Gallaher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 04 2015 City State Zip Code Transaction ID: 20150514153754-18 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) 558.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF 28 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page 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) Leanne Gassaway Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2015 City Zip Code State Transaction ID: 20150514153754-19 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 27.08 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 216.64 Other (specify) Full Name (Last, First, Middle Initial) B. Cynthia Goff Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 15 2015 City State Zip Code Transaction ID: 20150514153741-20 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation BlueCross and BlueShield of Minnesota **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 666.64 Other (specify) Full Name (Last, First, Middle Initial) c. Cynthia Goff Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 04 2015 City State Zip Code Transaction ID: 20150514153754-20 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation BlueCross and BlueShield of Minnesota **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 666.64 Other (specify) 193.74 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 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) Mark Hamelburg Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 2015 City Zip Code State Transaction ID: 20150514153741-21 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Hamelburg Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2015 City State Zip Code Transaction ID: 20150514153754-21 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joni Hong Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 04 15 2015 Suite 500, South Building City State Zip Code Transaction ID: 20150514153741-23 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel, Special Proj Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 281.25 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  Joni Hong  Mailing Address 601 Pennsylvania Avenue N.V	I.	Date of Receipt
Suite 500, South Building City	State Zip Code	04 30 2015
Washington	DC 20004	Transaction ID: 20150514153754-23  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer	Occupation	
America's Health Insurance Plans	Senior Associate Counsel, Special Proj	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Burt Hudson		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	<i>I</i> .	04 15 2015
City	State Zip Code	Transaction ID : 20150514153741-24
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, Client Learning Servi	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	333.36	
Full Name (Last, First, Middle Initial)  Burt Hudson		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building		04 30 2015
City	State Zip Code	Transaction ID: 20150514153754-24
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
America's Health Insurance Plans	Deputy Director, Client Learning Servi	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	333.36	
SUBTOTAL of Receipts This Page (optional)		114.59
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FOR LINE NUMBER: PAGE 18 OF 28 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 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) Crystal Kuntz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 20150514153741-29 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 666.64 Other (specify) Full Name (Last, First, Middle Initial) B. Crystal Kuntz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2015 City State Zip Code Transaction ID: 20150514153754-30 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 666.64 Other (specify) Full Name (Last, First, Middle Initial) c. Courtney Lawrence Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 15 2015 City State Zip Code Transaction ID: 20150514153741-30 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 666.64 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 19 OF 28 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Courtney Lawrence Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2015 City Zip Code State Transaction ID: 20150514153754-31 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Vice President, Federal Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 666.64 Other (specify) Full Name (Last, First, Middle Initial) B. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 15 2015 City State Zip Code Transaction ID: 20150514153741-31 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Director Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.64 Other (specify) Full Name (Last, First, Middle Initial) c. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 04 2015 Suite 500, South Building City State Zip Code Transaction ID: 20150514153754-32 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation Senior Director Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.64 Other (specify) 499.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 20 OF 28 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page 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) Amber Manko Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2015 City Zip Code State Transaction ID: 20150514153754-35 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 216.64 Other (specify) Full Name (Last, First, Middle Initial) B. Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 15 2015 City State Zip Code Transaction ID: 20150514153741-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 04 2015 Suite 500, South Building City State Zip Code Transaction ID: 20150514153754-41 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 С federal political committee. Name of Employer Occupation Senior Associate Counsel America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 145.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any perse e name and address of any political committee to		
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial)  Martin Mitchell Jr.  Mailing Address, 601 Pennsylvania Avenue N.	Martin Mitchell Jr.		
Mailing Address 601 Pennsylvania Avenue N.\ Suite 500, South Building	vv.	04 30 - 2015 -	
City Suite 500, South Building	State Zip Code	04 30 2015 Transaction ID: 20150514153754-43	
Washington	DC 20004	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20.83	
Name of Employer	Occupation		
America's Health Insurance Plans	Director Product Policy		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General			
Other (specify) ▼	216.64		
Full Name (Last, First, Middle Initial)  Lawrence Platt		Date of Receipt	
Mailing Address 601 Pennsylvania Avenue N.\	N.	M = M / D = D / Y = Y = Y	
Suite 500, South Building	Stata Zin Coda	04 15 2015	
City Washington	State Zip Code DC 20004	Transaction ID : 20150514153741-45	
Washington	DC 20004	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	83.33	
Name of Employer	Occupation		
America's Health Insurance Plans	Director		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	666.64		
Full Name (Last, First, Middle Initial)  Lawrence Platt		Date of Receipt	
Mailing Address 601 Pennsylvania Avenue N.	W.V.		
Suite 500, South Building	•••	04 30 2015	
City	State Zip Code	Transaction ID : 20150514153754-45	
Washington	DC 20004	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	83.33	
Name of Employer	Occupation		
America's Health Insurance Plans	Director		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General	. 199. 29a. 10a to Dato 4		
Other (specify) ▼	666.64		
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	187.49	
TOTAL This Period (last page this line number	only)		

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 22 OF 28 Use separate schedule(s)

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Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (AHIP PAC)	
Receipt For:  Primary General  Other (specify) ▼	State Zip Code DC 20004  C  Occupation Senior Vice President  Aggregate Year-to-Date ▼	Date of Receipt  04 15 2015  Transaction ID: 20150514153741-46  Amount of Each Receipt this Period  125.00
Full Name (Last, First, Middle Initial)  Mark Pratt  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For: Primary General Other (specify)	State Zip Code DC 20004  C  Occupation Senior Vice President  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Lisa Shreve  Mailing Address 601 Pennsylvania Avenue N.W.  Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	State Zip Code DC 20004  C  Occupation  Senior Vice President, Professional Pr  Aggregate Year-to-Date ▼  333.36	Date of Receipt  M M / 15 2015  Transaction ID : 20150514153741-48  Amount of Each Receipt this Period  41.67
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number or		291.67

FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 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) Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2015 City Zip Code State Transaction ID: 20150514153754-48 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Professional Pr Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 15 2015 City State Zip Code Transaction ID: 20150514153741-49 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.64 Other (specify) Full Name (Last, First, Middle Initial) c. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 04 2015 Suite 500, South Building City State Zip Code Transaction ID: 20150514153754-49 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.64 Other (specify) 458.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 24 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

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for each category of the Detailed Summary Page 14 13 15 16 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) Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 20150514153741-52 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 666.64 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 04 30 2015 City State Zip Code Transaction ID: 20150514153754-52 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 666.64 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 166.66 SUBTOTAL of Receipts This Page (optional)..... 5918.70 TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 OF 28 (check only one)				
Ш	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b X 11c 12				
A	ny information copied from such Reports and St	atements ma	av not be sold or used by any p	erson for the purpose of soliciting contributions				
or	for commercial purposes, other than using the	name and a	address of any political committee	e to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)  Americas Health Insurance Plan	s PAC (	AHIP PAC)					
Α.	Full Name (Last, First, Middle Initial)  Mvp Health Care Inc. Federal PAC			Date of Receipt				
	Mailing Address 625 State Street			04 22 2015				
	City	State	Zip Code	Transaction ID: 2590F04B565A4C17BFCE				
	Schenectady	NY	12305	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C co	0431429	5000.00				
	Name of Employer	Occupation		Annual Contribution				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	7.99.094.0		1				
	Other (specify) $\blacktriangledown$		5000.00					
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	City	State	Zip Code	Amount of Each Receipt this Period				
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	Name of Employer	Occupation	1					
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	Name of Employer	Occupation	1					
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	Primary General	, iggi cgale	Total to Dutto ¥	1				
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S	CHEDULE B (FEC Form 3X)			FOR LIN	E NUMBER	:	PAGE	26 (	OF 28	
IT	EMIZED DISBURSEMENTS		parate schedule(s) a category of the	(s) (check only one)						
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	NAME OF COMMITTEE (In Full)		, p							
$ \rangle$	Americas Health Insurance Plans F	PAC (A	HIP PAC)							
<u></u>	Full Name (Last, First, Middle Initial)									
Α.	Bilirakis for Congress					f Disbursen				
	Mailing Address PO Box 606				04 28 2015					
	City	State	Zip Code		Trans	Transaction ID : 5A6E29710559A9BD0F4				
	Tarpon Springs	FL	34688-0606			saction ib .	JAULZ911	UJJJAJ	1BD01 4	
	Purpose of Disbursement 2016 Primary			011	Amoun	t of Each D	Disburseme	nt this I	Period	
	Candidate Name			Category/				1000	00	
	Gus Michael Bilirakis			Type		7	7	1000	7.00	
		nent For: Primary Other (sp	General							
_	State: FL District: 12									
_	Full Name (Last, First, Middle Initial)									
В.	· Charles Boustany Jr. MD for Congress, Inc.				Date of Disbursement				V	
	Mailing Address PO Box 80126				04 28 2015					
	Lafayette	State LA	Zip Code 70598-0126		Trans	saction ID :	1AABCF0	FF4919	439CD5	
	Purpose of Disbursement 2016 Primary			011	Amoun	t of Each D	Disburseme	nt this I	Period	
	Candidate Name			Category/						
	Charles William Boustany Jr.			Type			7	500	0.00	
		nent For: Primary Other (spe	General							
_	Full Name (Last, First, Middle Initial)									
C.	Citizens for Boyle					f Disbursen		V V	V	
	Mailing Address 499 S. Capitol St. SW Suite 422					04 29 2015				
	City	State DC	Zip Code 20003		Trans	saction ID :	C9161D11	5ECF3	2E2B2D	
	Purpose of Disbursement 2016 Primary	011								
	andidate Name				Amoun	t of Each D	Disburseme	nt this I	Period	
	Brendan Francis Boyle			Category/ Type				1000	0.00	
	Office Sought:    House   Disbursen	nent For: Primary Other (sp	General	76.			7			
_	State: PA District: 13									
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	ny information copied from such Reports and Staten									
or	for commercial purposes, other than using the name	ne and address of any polit	ical com	mittee to	solicit contrib	outions from such committee.				
	NAME OF COMMITTEE (In Full)									
$ \rangle$	Americas Health Insurance Plans F	PAC (AHIP PAC)								
$oldsymbol{oldsymbol{oldsymbol{oldsymbol{L}}}$	Full Name (Last, First, Middle Initial)									
Α.	,					sbursement				
						D   D / Y   Y   Y   Y	1			
	Mailing Address 228 S Washington St Ste 115				04	21 2015				
	City	State 7in Carla								
	City S Alexandria	State Zip Code VA 22314			Transacti	ion ID : 2389ABFC7CFBA89	B690			
	Purpose of Disbursement	22314								
	2015 Contribution		0	11	Amount of	Each Disbursement this Peri	riod			
	Candidate Name		Cate	egory/		2222.22				
	Citizens for Prosperity in America T			/pe		3000.00	J			
		nent For: 2015								
	Senate	Primary General								
	State: President State:	Other (specify) ▼ Contribution	n							
_	Full Name (Last, First, Middle Initial)	Contribution								
В.	Diana DeGette for Congress					Date of Disbursement				
	Diana Dedette for Congress				M M /	D D / Y Y Y Y				
	Mailing Address PO Box 61337				04	21 2015				
	,	State Zip Code			Transacti	ion ID : 43A5795BC63FB409	96E3			
	Purpose of Disbursement	CO 80206-8337								
	2016 Primary		0	11	Amount of	Each Disbursement this Peri	riod			
	Candidate Name		Cate	egory/			-			
	Diana L. DeGette			pe		1000.00	)			
		nent For: 2016								
		Primary General								
		Other (specify) ▼								
_	State: CO District: 01									
C	Full Name (Last, First, Middle Initial)				Date of Dis	sbursement				
٥.	Guthrie for Congress				M M / D D / Y Y Y Y					
	Mailing Address PO Box 9639				04	21 2015				
	,	State Zip Code			Transacti	ion ID : 1EFB85BEFADDAE9	914DE			
	Bowling Green Purpose of Disbursement	KY 42102-9639								
	2016 Primary		0	11	Amount of	Fach Diaburaament this Davi	i a d			
	Candidate Name				Amount of	Each Disbursement this Peri	iou			
	S. Brett Guthrie			egory/ /pe		2500.00	)			
	Office Sought: House Disbursen	nent For: 2016	-							
	Senate	Primary General								
	President	Other (specify) ▼								
_	State: KY District: 02									
١.						6500.00				
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 28 OF 28			
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Any information copied from such Reports and Staten	nents may not be sold or use						
or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
Americas Health Insurance Plans F	PAC (AHIP PAC)						
Full Name (Last, First, Middle Initial)			D : (D:)				
A. Heidi for Senate	Date of Disbursement						
Mailing Address PO Box 1577			04 21 2015				
	State Zip Code		Transaction ID	: 1DA7A28432387C0E4F1			
Bismarck	ND 58502-1577		mansaction ib	. 10/1/204020010004111			
Purpose of Disbursement 2018 Primary		011	Amount of Each	Disbursement this Period			
Candidate Name		Category/		1000.00			
Heidi Heitkamp  Office Sought: House Disburser	nent For: 2018	Туре		1000.00			
	Primary General						
President	Other (specify) ▼						
State: ND District:							
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disburse	mont			
<b>5</b> .			M M / D				
Mailing Address							
City	State Zip Code						
Purpose of Disbursement	Purpose of Disbursement						
Candidate Name			Amount of Each	Amount of Each Disbursement this Period			
		Category/ Type		7			
Office Sought: House Disbursen							
Senate President	Primary General  Other (specify) ▼						
State: District:	Other (specify)						
Full Name (Last, First, Middle Initial)							
C.			Date of Disburse				
Mailing Address	M M / D	D / Y Y Y Y					
City	State Zip Code						
Purpose of Disbursement							
•		Amount of Each	Disbursement this Period				
Candidate Name		Category/ Type	· · · · · ·				
Office Sought: House Disburser	nent For:	Турс					
	Primary General						
President	Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional)				1000.00			
TOTAL This Period (last page this line number only)				10000.00			