FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street) ▼

601 Pennsylvania Avenue, NW

South Building, Suite 500

Washington | DC | 20004

☐ Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼** C C00106740

CITY ▲ | STATE ▲ | ZIP CODE ▲

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☒ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2016 through 09 / 30 / 2016

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

Type or Print Name of Treasurer: Tavenner, Marilyn, B., ,

Signature of Treasurer: *Tavenner, Marilyn, B., ,* ***[Electronically Filed]*** Date: 10 / 07 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 09 / 01 / 2016 To: 09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		63476.79
(b) Cash on Hand at Beginning of Reporting Period	47684.96	
(c) Total Receipts (from Line 19)	5078.56	144380.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	52763.52	207857.10
7. Total Disbursements (from Line 31)	16500.00	171593.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36263.52	36263.52
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

[x] 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. 05/2016)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 09 / 01 / 2016 To: 09 / 30 / 2016

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)	4927.58	90924.56
(ii) Unitemized	150.98	8455.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	5078.56	99380.31
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	45000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	5078.56	144380.31
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
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)) ▶	5078.56	144380.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	5078.56	144380.31

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	0.00	93.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0.00	93.58
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	16500.00	169000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	2500.00
(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	2500.00
29. Other Disbursements (Including Non-Federal Donations)	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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))	16500.00	171593.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	16500.00	171593.58

DETAILED SUMMARY PAGE
of Disbursements

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)	5078.56	144380.31
34. Total Contribution Refunds (from Line 28(d))	0.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5078.56	141880.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	93.58
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	0.00	93.58

Image# 201610079032198413

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 31

[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Allen, Jeremy, , ,

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 (for Individual): Americas Health Insurance Plans
Occupation (for Individual): Vice President

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 2192.22

Date of Receipt: 09 / 09 / 2016
Transaction ID : 2016100312503-2

Amount of Each Receipt this Period: 115.38

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Allen, Jeremy, , ,

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 (for Individual): Americas Health Insurance Plans
Occupation (for Individual): Vice President

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 2192.22

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-2

Amount of Each Receipt this Period: 115.38

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Amontree, Tom, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Executive Vice President, Business Aff

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼: 3653.70

Date of Receipt: 09 / 09 / 2016
Transaction ID : 2016100312503-3

Amount of Each Receipt this Period: 192.30

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 423.06

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

Image# 201610079032198414

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 31

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Amontree, Tom, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Executive Vice President, Business Aff

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 3653.70

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-3

Amount of Each Receipt this Period: 192.30

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Berry, Catherine, , ,

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 (for Individual): AHIP
Occupation (for Individual): Senior Vice President Clinical Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 750.00

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-4

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Berry, Catherine, , ,

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 (for Individual): AHIP
Occupation (for Individual): Senior Vice President Clinical Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 750.00

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-4

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 692.30

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bocchino, Carmella, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Executive Vice President, Clinical Aff

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 3653.70

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-5

Amount of Each Receipt this Period: 192.30

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bocchino, Carmella, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Executive Vice President, Clinical Aff

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 3653.70

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-5

Amount of Each Receipt this Period: 192.30

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bricker, Dianne, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Regional Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 730.74

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-6

Amount of Each Receipt this Period: 38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 423.06

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

Image# 201610079032198416

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 31

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bricker, Dianne, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Regional Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 730.74

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-6

Amount of Each Receipt this Period: 38.46

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Callanan, Kathleen, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1461.48

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-7

Amount of Each Receipt this Period: 76.92

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Callanan, Kathleen, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1461.48

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-7

Amount of Each Receipt this Period: 76.92

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 192.30

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

Image# 201610079032198417

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 31

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cashdollar, Winthrop, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Executive Director Product Policy

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1096.11

Date of Receipt: 09 / 09 / 2016
Transaction ID : 2016100312503-9

Amount of Each Receipt this Period: 57.69

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cashdollar, Winthrop, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Executive Director Product Policy

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1096.11

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-9

Amount of Each Receipt this Period: 57.69

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chanatry, Yvonne, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Vice President, Marketing and Graphics

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1827.04

Date of Receipt: 09 / 09 / 2016
Transaction ID : 2016100312503-10

Amount of Each Receipt this Period: 96.16

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 211.54

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

Image# 201610079032198418

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 31

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chanatry, Yvonne, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Vice President, Marketing and Graphics

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1827.04

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-10

Amount of Each Receipt this Period: 96.16

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dean, Gregory, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Executive Director Insurance Educatior

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1096.11

Date of Receipt: 09 / 09 / 2016
Transaction ID : 2016100312503-11

Amount of Each Receipt this Period: 57.69

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dean, Gregory, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Executive Director Insurance Education

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1096.11

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-11

Amount of Each Receipt this Period: 57.69

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 211.54

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

Image# 201610079032198419

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
PAGE 12 OF 31

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gallagher, Kathryn, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Policy Analyst

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 365.37

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-13

Amount of Each Receipt this Period: 19.23

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gallagher, Kathryn, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Policy Analyst

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 365.37

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-12

Amount of Each Receipt this Period: 19.23

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gallaher, Candy, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 730.74

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-14

Amount of Each Receipt this Period: 38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gallaher, Candy, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 730.74

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-13

Amount of Each Receipt this Period: 38.46

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gassaway, Leanne, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Regional Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 475.00

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-15

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gassaway, Leanne, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Regional Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 475.00

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-14

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 88.46

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

Image# 201610079032198421

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 31

[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gierer, Greg, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Vice President

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 769.30

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-16

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gierer, Greg, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Vice President

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 769.30

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-15

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hamelburg, Mark, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Senior Vice President

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼: 2192.22

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-17

Amount of Each Receipt this Period: 115.38

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 269.24

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

Image# 201610079032198422

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 31

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hamelburg, Mark, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 2192.22

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-16

Amount of Each Receipt this Period: 115.38

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hong, Joni, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Senior Associate Counsel, Special Proj

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 548.15

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-19

Amount of Each Receipt this Period: 28.85

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hong, Joni, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Senior Associate Counsel, Special Proj

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 548.15

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-18

Amount of Each Receipt this Period: 28.85

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 173.08

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Horoschak, Donna, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Senior Vice President, Product Policy

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1153.90

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-20

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Horoschak, Donna, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Senior Vice President, Product Policy

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1153.90

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-19

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Khalid, Aryana, , ,

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 (for Individual): AHIP
Occupation (for Individual): Executive Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 3653.70

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-22

Amount of Each Receipt this Period: 192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 423.08

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

Image# 201610079032198424

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Khalid, Aryana, , ,

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 (for Individual): AHIP
Occupation (for Individual): Executive Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 3653.70

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-21

Amount of Each Receipt this Period: 192.30

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Krusing, Clare, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Deputy Press Secretary

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 876.85

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-23

Amount of Each Receipt this Period: 46.15

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Krusing, Clare, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Deputy Press Secretary

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 876.85

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-22

Amount of Each Receipt this Period: 46.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 284.60

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

Image# 201610079032198425

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 31

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kuntz, Crystal, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1461.48

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-24

Amount of Each Receipt this Period: 76.92

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kuntz, Crystal, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1461.48

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-23

Amount of Each Receipt this Period: 76.92

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lawrence, Courtney, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Vice President, Federal Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1461.48

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-25

Amount of Each Receipt this Period: 76.92

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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

Image# 201610079032198426

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 19 OF 31

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lawrence, Courtney, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Vice President, Federal Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1461.48

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-24

Amount of Each Receipt this Period: 76.92

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Macmoran, Holly, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Program Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.37

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-26

Amount of Each Receipt this Period: 19.23

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Macmoran, Holly, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Program Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 365.37

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-25

Amount of Each Receipt this Period: 19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

Image# 201610079032198427

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 31

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Manning, Debi, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Director of Human Resources

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 350.74

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-27

Amount of Each Receipt this Period: 18.46

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Manning, Debi, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Director of Human Resources

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 350.74

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-26

Amount of Each Receipt this Period: 18.46

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Meyers, Thomas, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Executive Director Product Policy

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 350.74

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-30

Amount of Each Receipt this Period: 18.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 55.38

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

Image# 201610079032198428

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
PAGE 21 OF 31

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Meyers, Thomas, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Executive Director Product Policy

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 350.74

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-29

Amount of Each Receipt this Period: 18.46

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Miller, Julie, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Senior Associate Counsel

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1096.11

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-31

Amount of Each Receipt this Period: 57.69

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Miller, Julie, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Senior Associate Counsel

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1096.11

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-30

Amount of Each Receipt this Period: 57.69

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 133.84

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mitchell, Martin, , , Jr.

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Director Product Policy

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 365.37

Date of Receipt: 09 / 09 / 2016
Transaction ID : 2016100312503-33

Amount of Each Receipt this Period: 19.23

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mitchell, Martin, , , Jr.

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Director Product Policy

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 365.37

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-32

Amount of Each Receipt this Period: 19.23

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Perron, Jay, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1461.48

Date of Receipt: 09 / 09 / 2016
Transaction ID : 2016100312503-34

Amount of Each Receipt this Period: 76.92

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

Image# 201610079032198430

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 31

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Perron, Jay, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1461.48

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-33

Amount of Each Receipt this Period: 76.92

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reeves, Ingrid, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Vice President, Membership

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 365.37

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-35

Amount of Each Receipt this Period: 19.23

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reeves, Ingrid, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Vice President, Membership

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 365.37

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-34

Amount of Each Receipt this Period: 19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

Image# 201610079032198431

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 31

[x] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shreve, Lisa, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Senior Vice President, Professional Pr

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 730.74

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-37

Amount of Each Receipt this Period: 38.46

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shreve, Lisa, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Senior Vice President, Professional Pr

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 730.74

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-36

Amount of Each Receipt this Period: 38.46

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stewart Smoot, Kristin, , ,

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 (for Individual): AHIP
Occupation (for Individual): Manager, Special Projects

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼: 365.37

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-38

Amount of Each Receipt this Period: 19.23

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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

Image# 201610079032198432

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stewart Smoot, Kristin, , ,

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 (for Individual): AHIP
Occupation (for Individual): Manager, Special Projects

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 365.37

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-37

Amount of Each Receipt this Period: 19.23

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tavenner, Marilyn, , ,

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 (for Individual): Americas Health Insurance Plans
Occupation (for Individual): President & CEO

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 3653.70

Date of Receipt: 09 / 09 / 2016
Transaction ID : 20161003125503-39

Amount of Each Receipt this Period: 192.30

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tavenner, Marilyn, , ,

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 (for Individual): Americas Health Insurance Plans
Occupation (for Individual): President & CEO

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 3653.70

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-38

Amount of Each Receipt this Period: 192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 403.83

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

Image# 201610079032198433

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 31

[x] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Van Koevering, Mark, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Executive Director

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 1461.48

Date of Receipt: 09 / 09 / 2016
Transaction ID : 2016100312503-41

Amount of Each Receipt this Period: 76.92

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Van Koevering, Mark, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Executive Director

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 1461.48

Date of Receipt: 09 / 23 / 2016
Transaction ID : 20161003125245-40

Amount of Each Receipt this Period: 76.92

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wick, Kristi, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Digital Media Coordinator

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼: 365.37

Date of Receipt: 09 / 09 / 2016
Transaction ID : 2016100312503-42

Amount of Each Receipt this Period: 19.23

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 173.07

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

Image# 201610079032198434

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 31

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wick, Kristi, , ,

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 (for Individual): America's Health Insurance Plans
Occupation (for Individual): Digital Media Coordinator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.37

Date of Receipt: 09 / 23 / 2016

Transaction ID : 20161003125245-41

Amount of Each Receipt this Period: 19.23

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 19.23

TOTAL This Period (last page this line number only) ▶ 4927.58

Image# 201610079032198435

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)
21b 22 ✘ 23 26 27
28a 28b 28c 29 30b

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

A. Full Name (Last, First, Middle Initial)
Hoosiers First PAC

Mailing Address 115 W Washington St
Suite 1165

City: Indianapolis | State: IN | Zip Code: 46204

Purpose of Disbursement: 2016 Contribution

Category/Type: 011

Candidate Name: Hoosiers First PAC

Office Sought: House / Senate / President
State: District:

Disbursement For: 2016
Primary / General / ✘ Other (specify) ▼ Contribution

Date of Disbursement: 09 / 13 / 2016

FEC Identification Number: C C00492082
Transaction ID : F494B4A46D

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Jim Renacci for Congress

Mailing Address 150 Smokerise Drive

City: Wadsworth | State: OH | Zip Code: 44281-8701

Purpose of Disbursement: 2016 General

Category/Type: 011

Candidate Name: Renacci, James, B., ,

Office Sought: ✘ House / Senate / President
State: OH District: 16

Disbursement For: 2016
Primary / ✘ General / Other (specify)

Date of Disbursement: 09 / 07 / 2016

FEC Identification Number: C H0OH16097
Transaction ID : 81E31585853

Amount of Each Disbursement this Period: 1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Lynn Jenkins for Congress

Mailing Address PO Box 1441

City: Topeka | State: KS | Zip Code: 66601-1441

Purpose of Disbursement: 2016 General

Category/Type: 011

Candidate Name: Jenkins, Lynn, Michelle, ,

Office Sought: ✘ House / Senate / President
State: KS District: 02

Disbursement For: 2016
Primary / ✘ General / Other (specify) ▼

Date of Disbursement: 09 / 13 / 2016

FEC Identification Number: C H8KS02090
Transaction ID : 8B67F73188

Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

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

Image# 201610079032198436

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)
21b 22 ✘ 23 26 27
28a 28b 28c 29 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)

A. Full Name (Last, First, Middle Initial)
Moderate Democrats PAC

Mailing Address 303 Massachusetts Avenue, NE

City: Washington | State: DC | Zip Code: 20002

Purpose of Disbursement: 2016 Contribution

Category/Type: 011

Candidate Name: Moderate Democrats PAC

Office Sought: House / Senate / President

State: District:

Disbursement For: 2016
Primary / General / ✘ Other (specify) ▼ Contribution

Date of Disbursement: 09 / 20 / 2016

FEC Identification Number: C C00436022
Transaction ID : 94E5B1D9B7

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Pat Meehan for Congress

Mailing Address 50 S Providence Rd

City: Media | State: PA | Zip Code: 19063-3531

Purpose of Disbursement: 2016 General

Category/Type: 011

Candidate Name: Meehan, Patrick, L., ,

Office Sought: ✘ House / Senate / President

State: PA District: 07

Disbursement For: 2016
Primary / ✘ General / Other (specify)

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C H0PA07082
Transaction ID : 1C036D40A5(

Amount of Each Disbursement this Period: 2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
People for Ben

Mailing Address PO Box 31129

City: Santa Fe | State: NM | Zip Code: 87594

Purpose of Disbursement: 2016 General

Category/Type: 011

Candidate Name: Lujan, Ben, Ray, ,

Office Sought: ✘ House / Senate / President

State: NM District: 03

Disbursement For: 2016
Primary / ✘ General / Other (specify) ▼

Date of Disbursement: 09 / 07 / 2016

FEC Identification Number: C H8NM03196
Transaction ID : 557749C90D

Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

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

Image# 201610079032198437

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)
21b 22 ✘ 23 26 27
28a 28b 28c 29 30b

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

A. Full Name (Last, First, Middle Initial)
People for Ben

Mailing Address PO Box 31129

City: Santa Fe | State: NM | Zip Code: 87594

Purpose of Disbursement: Voided 8/15/2016 contribution

Category/Type: 011

Candidate Name: Lujan, Ben, Ray, ,

Office Sought: ✘ House ☐ Senate ☐ President
State: NM District: 03

Disbursement For: 2016
☐ Primary ✘ General ☐ Other (specify)

Date of Disbursement: 09 / 07 / 2016

FEC Identification Number: C H8NM03196
Transaction ID : D64A5CE70B

Amount of Each Disbursement this Period: -2500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Portman for Senate Committee

Mailing Address 9856 Archer Lane

City: Dublin | State: OH | Zip Code: 43017-8914

Purpose of Disbursement: 2016 General

Category/Type: 011

Candidate Name: Portman, Rob, J., ,

Office Sought: ☐ House ✘ Senate ☐ President
State: OH District:

Disbursement For: 2016
☐ Primary ✘ General ☐ Other (specify)

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C S0OH00133
Transaction ID : 4B4E8D7F6DI

Amount of Each Disbursement this Period: 1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
The Peter Norbeck Leadership PAC

Mailing Address Post Office Box 477

City: Pierre | State: SD | Zip Code: 57501

Purpose of Disbursement: 2016 Contribution

Category/Type: 011

Candidate Name: The Peter Norbeck Leadership PAC

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☐ General ✘ Other (specify) Contribution

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C C00571976
Transaction ID : 65CBEBABF

Amount of Each Disbursement this Period: 1500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

Image# 201610079032198438

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)
21b 22 ✘ 23 26 27
28a 28b 28c 29 30b

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

A. Full Name (Last, First, Middle Initial)
Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City: Columbus | State: OH | Zip Code: 43231-2098

Purpose of Disbursement: 2016 General

Category/Type: 011

Candidate Name: Tiberi, Patrick, Joseph, ,

Office Sought: ✘ House ☐ Senate ☐ President
State: OH District: 12

Disbursement For: 2016
☐ Primary ✘ General ☐ Other (specify)

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C H0OH12062
Transaction ID : 7A898ED737I

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Walters for Congress

Mailing Address 9070 Irvine Center Drive, #150

City: Irvine | State: CA | Zip Code: 92618

Purpose of Disbursement: 2016 General

Category/Type: 011

Candidate Name: Walters, Mimi, K., ,

Office Sought: ✘ House ☐ Senate ☐ President
State: CA District: 45

Disbursement For: 2016
☐ Primary ✘ General ☐ Other (specify)

Date of Disbursement: 09 / 20 / 2016

FEC Identification Number: C H4CA45097
Transaction ID : ACDCF7341B

Amount of Each Disbursement this Period: 1500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

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

FEC Identification Number: C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

TOTAL This Period (last page this line number only) ▶ 16500.00