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Image# 201609199030924430

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than An A	ttee	Office Use Only							
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If ty over the lines.		12FE4M5						
Americas Health Insura	ance Plans PAC (A	HIP PAC)								
ADDRESS (number and street)	South Building, Suite 500									
Check if different than previously reported. (ACC)	Washington			DC	20004					
2. FEC IDENTIFICATION NU	MBER ▼	CITY	;	STATE A	ZIP CODE ▲					
C C00106740	3.	IS THIS REPORT	NEW (N) OR	AM (A)	ENDED					
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:	Teb 20 (M2) Mar 20 (M3) Apr 20 (M4)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	X Sep 2	20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election Year Only) 20 (M10) Jan 31 (YE)					
April 15 Quarterly Report (Q July 15 Quarterly Report (Q: October 15 Quarterly Report (Q: January 31 Year-End Report (YI	(c) 12-Day PRE-Election Report for the:	Primary (1 Convention		General (Special (1						
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	POST-Election Report for the:	,	0G)	Runoff (36	OR) Special (30S) in the State of					
5. Covering Period 08	01 2016	through	M M	31/	2016					
I certify that I have examined thi	·	of my knowledge and	d belief it is tru	e, correct and	complete.					
Type or Print Name of Treasurer	Marilyn B. Tavenner									
Signature of Treasurer Marily	vn B. Tavenner	[Electronico	ally Filed]	Pate 09	19 / 2016					
NOTE: Submission of false, errone	ous, or incomplete informa	tion may subject the p	erson signing th	nis Report to th	e penalties of 2 U.S.C. §437g.					
Office Use Only					FEC FORM 3X Rev. 12/2004					

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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: 08 01 2016 To: 08 31 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	33469.86	
	(c) Total Receipts (from Line 19)	15215.10	139301.75
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	This Period This	
7.	Total Disbursements (from Line 31)	1000.00	155093.58
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47684.96	47684.96
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

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:	-						
(a) Individuals/Persons Other							
Than Political Committees							
(i) Itemized (use Schedule A)	14754.50	85996.98					
(ii) Unitemized	460.60	8304.77					
(iii) TOTAL (add	15215.10	94301.75					
Lines 11(a)(i) and (ii)▶	13213.10						
(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)▶	15215.10	139301.75					
. Transfers From Affiliated/Other							
Party Committees	0.00	0.00					
All I are Breefeel	0.00	0.00					
. All Loans Received	0.00	0.00					
Low Book work Book of	0.00	0.00					
Loan Repayments Received	0.00	0.00					
Offsets To Operating Expenditures							
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00					
Refunds of Contributions Made	3.00	0.00					
to Federal Candidates and Other							
Political Committees	0.00	0.00					
. Other Federal Receipts	0.00	0.00					
(Dividends, Interest, etc.)	0.00	0.00					
Transfers from Non-Federal and Levin Funds	0.00	0.00					
(a) Non-Federal Account							
(from Schedule H3)	0.00	0.00					
(b) Levin Funds (from Schedule H5)	0.00	0.00					
(5) 251111 (41145 (115111 551154315 115) 11111111		7 7					
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00					
(c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00 15215.10	113					
. Total Federal Receipts							
. Total i edelal iteoelpis							

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period					
 Operating Expenditures: —— (a) Allocated Federal/Non-Federal 	10101 11110 1 01100	Calendar Year-to-Date				
Activity (from Schedule H4)						
(i) Federal Share	0.00	0.00				
(ii) New Foderal Chare	0.00	0.00				
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00				
Expenditures	0.00	93.58				
(c) Total Operating Expenditures	7					
(add 21(a)(i), (a)(ii), and (b))▶	0.00	93.58				
2. Transfers to Affiliated/Other Party						
Committees	0.00	0.00				
Federal Candidates/Committees and Other Political Committees	1000.00	152500.00				
Independent Expenditures	0.00					
(use Schedule E)	0.00	0.00				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
(use scriedule r)	7	0.00				
6. Loan Repayments Made	0.00	0.00				
, , , , , , , , , , , , , , , , , , , ,	7					
7. Loans Made	0.00	0.00				
Refunds of Contributions To: (a) Individuals/Persons Other						
Than Political Committees	0.00	2500.00				
(b) Political Part: Committees	0.00	0.00				
(b) Political Party Committees	0.00	0.00				
(such as PACs)	0.00	0.00				
,						
(d) Total Contribution Refunds	0.00					
(add Lines 28(a), (b), and (c))▶	0.00	2500.00				
O. Other Diebureemente	200	0.00				
O. Other Disbursements	0.00	0.00				
0. Federal Election Activity (2 U.S.C. §431(20))						
(a) Allocated Federal Election Activity						
(from Schedule H6)						
(i) Federal Share	0.00	0.00				
(ii) III ovin Chore	0.00	0.00				
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	5.00				
(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				
1. Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1000.00	155093.58				
2. Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	1000.00	155093.58				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	15215.10	139301.75
4. Total Contribution Refunds (from Line 28(d))	0.00	2500.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15215.10	136801.75
S. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	93.58
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	93.58

FOR LINE NUMBER: PAGE 6 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 13 14 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) Susan Albert Date of Receipt Mailing Address 24 Richardson Rd 2016 City Zip Code State Transaction ID: E709A51177604DA1BFC0 Belmont MA 02478-3954 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Vice President, Care Management Tufts Health Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 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 80 12 2016 City State Zip Code Transaction ID: 2016082994142-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 115.38 federal political committee. Memo Item Name of Employer Occupation Americas Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1961.46 Full Name (Last, First, Middle Initial) c. Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 2016 Suite 500, South Building 08 26 City State Zip Code Transaction ID: 2016082994222-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 115.38 federal political committee. Memo Item Name of Employer Occupation Vice President Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1961.46 Other (specify) 480.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 7 OF 36 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 15 16

ITEMIZED RECEIPTS 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) Tom Amontree Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 City Zip Code State Transaction ID: 2016082994142-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Business Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 3269.10 Other (specify) Full Name (Last, First, Middle Initial) B. Tom Amontree Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 26 2016 City State Zip Code Transaction ID: 2016082994222-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Business Aff Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3269.10 Full Name (Last, First, Middle Initial) c. Daniel Apicella Date of Receipt Mailing Address 109 Suffolk Rd 2016 08 22 City Zip Code State Transaction ID: AA69B95FDA8D4988B3DD MA Wellesley 02481-1204 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer Occupation Tufts Health Plan Vice President, Risk Adjustment Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 634.60 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

l F	OR	LINE	NU	MBER	:	PAGE	:	8	OF		36
((check only one)										
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		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.
\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Marc Backon		Date of Receipt
	Mailing Address 5 Sandhopper Trl		08 12 2016
	City Westport	State Zip Code CT 06880-5070	Transaction ID: 9929278057B048EDB869 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	Memo Item
	Tufts Health Plan Receipt For:	Senior Vice President and Chief Sales	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Barrie Baker Jr.		Date of Receipt
	Mailing Address 1015 Serpentine Ln		08 122016
	City	State Zip Code	Transaction ID: D9926D86866B416B9965
	Wyncote	PA 19095-1616	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	Memo Item
	Tufts Health Plan Receipt For:	Network Health Chief Medical Officer	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Catherine Berry		Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW Suite 500, South Building		08 26 2016
	City Washington	State Zip Code DC 20004-2601	Transaction ID: 4312B9BDC3EF455D91B Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	Memo Item
	AHIP	Senior Vice President Clinical Affairs	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
s	SUBTOTAL of Receipts This Page (optional)		1000.00
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Т	OTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 9 OF 36 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 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) Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 City Zip Code State Transaction ID: 2016082994142-5 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 3269.10 Other (specify) Full Name (Last, First, Middle Initial) B. Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 26 2016 City State Zip Code Transaction ID: 2016082994222-6 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3269.10 Full Name (Last, First, Middle Initial) c. Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 08 12 2016 Suite 500, South Building City State Zip Code Transaction ID: 2016082994142-6 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) 423.06 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

		R LINE	NU	MBER	PAGE	•	10 OF	:	36	
Use separate schedule(s) for each category of the	(che	eck only	or or	ne)						
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Any information copied from such Reports and	d Statements may	y not be sold or used by any	person f	13 or the	purp	pos	se of s	15 oliciting) co	16 ntribut	ions	17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Pl			e to so	licit cor	ntrib	outio	ons tro	m suc	<u>1 co</u>	mmitte	<u>:е.</u>	
Full Name (Last, First, Middle Initial) Dianne Bricker Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Regional Dir	Zip Code 20004 ector /ear-to-Date ▼ 653.82		Date of M = M 08 Trans Amount	acti of	ion Ea	26 ID: 20 ch Red		20 2994		6	
Full Name (Last, First, Middle Initial) B. Gina Bushey Mailing Address 5 Hutchins Way City Westford FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State MA C Occupation Homemaker Aggregate	Zip Code 01886-2942 //ear-to-Date ▼		Amount	actio	ion Ea	17 ID : D	C0DC1	_20 9A		03A	.93
Full Name (Last, First, Middle Initial) Kathleen Callanan Mailing Address 601 Pennsylvania Avenue	N.W.		[Date of			ipt	/ Y	■ Y	- Y	Υ	

2016 80 12 Suite 500, South Building City State Zip Code Transaction ID: 2016082994142-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing C 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1307.64 Other (specify)

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

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

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements made and a	I ay not be sold or used by any po ddress of any political committee	erson f	or the	purp ntrib	pos	se of so	oliciting	contr	ibutio	ns			
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)												
Full Name (Last, First, Middle Initial) A. Kathleen Callanan			Date of Receipt											
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Vice Presid		08 26 2016 Transaction ID: 2016082994222-8 Amount of Each Receipt this Period 76.92 Memo Item											
Full Name (Last, First, Middle Initial) Nora Cargie Mailing Address 24 Sachem St				Date of	Re		pt 15	/ Y	2016		1			
City Boston FEC ID number of contributing federal political committee.	State MA	Zip Code 02120-2807		Transaction ID : AC99A9E309164543B1I Amount of Each Receipt this Period 250.00							_			
Name of Employer Tufts Health Plan Receipt For: Primary General Other (specify) ▼		Fufts Health Foundation Year-to-Date ▼ 250.00		Mei	mo I	ltem	n	,						
Full Name (Last, First, Middle Initial) Tracey Carter Mailing Address 111 Robert Rd				Date of	Re		pt 12	/ Y	2016		1			
City Marlborough	State MA	Zip Code 01752-6531					ID: A				78B9EF			
FEC ID number of contributing federal political committee.	С			Mer	no l	ltem	n	7	5	00.00				
Name of Employer Tufts Health Plan Receipt For: Primary General Other (specify) ▼		Services, Pricing and Unde Year-to-Date ▼ 500.00		incl										
SUBTOTAL of Receipts This Page (optional)						7		,	82	26.92				
TOTAL This Period (last page this line number	only)													

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin	and Statements may not be sold or used by any p g the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance	Plans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Winthrop Cashdollar Mailing Address 601 Pennsylvania Avenu 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		Date of Receipt 08 12 2016 Transaction ID: 2016082994142-9 Amount of Each Receipt this Period 57.69 Memo Item
Full Name (Last, First, Middle Initial) 3. Winthrop Cashdollar Mailing Address 601 Pennsylvania Avenu 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)	e N.W.	Date of Receipt 08 26 2016 Transaction ID: 2016082994222-10 Amount of Each Receipt this Period 57.69 Memo Item
Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 601 Pennsylvania Avenuse 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)		Date of Receipt 08
SUBTOTAL of Receipts This Page (optional	al)	211.54
TOTAL This Period (last page this line num	nber only)	

	FO	R LINE	NU	IMBER	PAGE	•	13 OF	=	36	
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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
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SUBTOTAL of Receipts This Page (optional).....

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

2346.16

FOR LINE NUMBER: PAGE 14 OF 36 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 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) Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 City Zip Code State Transaction ID: 2016082994142-11 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 57.69 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 980.73 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 80 26 2016 City State Zip Code Transaction ID: 2016082994222-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 57.69 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 980.73 Full Name (Last, First, Middle Initial) c. Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 08 12 2016 City State Zip Code Transaction ID: 2016082994142-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) 153.84 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF 36 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 15 16

ITEMIZED RECEIPTS 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) Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 26 City Zip Code State Transaction ID: 2016082994222-13 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) B. Kathryn Gallagher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 12 2016 City State Zip Code Transaction ID: 2016082994142-13 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Policy Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 326,91 Full Name (Last, First, Middle Initial) c. Kathryn Gallagher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 26 2016 City State Zip Code Transaction ID: 2016082994222-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Policy Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF 36 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 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) Candy Gallaher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 City Zip Code State Transaction ID: 2016082994142-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 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 80 26 2016 City State Zip Code Transaction ID: 2016082994222-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 653.82 Full Name (Last, First, Middle Initial) c. Leanne Gassaway Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 08 12 2016 City State Zip Code Transaction ID: 2016082994142-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 425.00 Other (specify) 101.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF 36 Use separate schedule(s) (check only one)

T	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a
	ry information copied from such Reports and State for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (A	AHIP PAC)	
Δ.	Full Name (Last, First, Middle Initial) Leanne Gassaway 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) Full Name (Last, First, Middle Initial)	State DC C Occupation Regional Di		Date of Receipt 08 26 2016 Transaction ID: 2016082994222-16 Amount of Each Receipt this Period 25.00 Memo Item
3.	Full Name (Last, First, Middle Initial) Greg Gierer Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	State DC C Occupation Vice Preside		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Full Name (Last, First, Middle Initial) Greg Gierer Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Vice Presid		Date of Receipt 08 26 2016 Transaction ID: 2016082994222-17 Amount of Each Receipt this Period 76.93 Memo Item
S	UBTOTAL of Receipts This Page (optional)			178.86
Т	OTAL This Period (last page this line number or	nly)		

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one)

I EIVI	IZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for o	commercial purposes, other than using the r			erson for the purpose of soliciting contributions to solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) nericas Health Insurance Plans	s PAC (A	AHIP PAC)	
A. Ly Mail City Am FEC fede Nan Tuft	Name (Last, First, Middle Initial) dia Greene ling Address 21 New Boston Rd herst C ID number of contributing eral political committee. ne of Employer s Health Plan leipt For: Primary General Other (specify) Other (specify)	-	Zip Code 03031-3211 Resources and Diversity Year-to-Date ▼ 500.00	Date of Receipt 08 12 2016 Transaction ID: 5841CA0AECC74551A054 Amount of Each Receipt this Period 500.00 Memo Item
Mail City Waa FEC fede Nan Ame	Name (Last, First, Middle Initial) ark Hamelburg ling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building shington C ID number of contributing eral political committee. ne of Employer erica's Health Insurance Plans reipt For: Primary General Other (specify) Other (specify)	State DC C C Occupation Senior Vice		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. Mail Mail City Wa FEC fede Nan	Name (Last, First, Middle Initial) ark Hamelburg ling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building ashington C ID number of contributing eral political committee. The of Employer erica's Health Insurance Plans eript For: Primary General Other (specify)	State DC C Occupation Senior Vice		Date of Receipt 08 26 2016 Transaction ID: 2016082994222-18 Amount of Each Receipt this Period 115.38 Memo Item
SUBT	OTAL of Receipts This Page (optional)			730.76
	L This Period (last page this line number or			

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FOR LINE NUMBER: PAGE 19 OF 36 (check only one)

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements made and a	I ay not be sold or used by any pe ddress of any political committee	erson f	or the	pur _l ntrib	pos	se of s	oliciting	contri	ibutio	ns			
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ıns PAC (AHIP PAC)												
Full Name (Last, First, Middle Initial) A. Maurice Hebert				Date of Receipt										
Mailing Address 20 Child St #801 City Cambridge FEC ID number of contributing federal political committee. Name of Employer Tufts Health Plan	Zip Code 02141-1776		08 Trans	acti	eion Ea	29 a ID : 8	BE0489	is Peri	6 1 45E8	_				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00												
Full Name (Last, First, Middle Initial) Joni Hong Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building			Date of	Re		D = D	/ Y	2016		1				
Suite 500, South Building City Washington FEC ID number of contributing	State DC	Zip Code 20004		08 12 2016 Transaction ID : 2016082994142-19 Amount of Each Receipt this Period							_			
federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		ociate Counsel, Special Proj Year-to-Date ▼ 490.45		Mei	mo l	lten	n	-		28.85				
Full Name (Last, First, Middle Initial) Joni Hong Mailing Address 601 Pennsylvania Avenue N.	W.		[Date of	Re		D D D	/ Y	Y		1			
Suite 500, South Building City Washington	State DC	Zip Code 20004						016082 ceipt th		2-20	_			
FEC ID number of contributing federal political committee.	ederal political committee.				mo l	Iten	n	,	2	28.85				
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		ociate Counsel, Special Proj Year-to-Date ▼ 490.45		Mel										
SUBTOTAL of Receipts This Page (optional)						7		,	55	57.70				
TOTAL This Period (last page this line number	only)													

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one)

I [EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a
	y information copied from such Reports and Sta for commercial purposes, other than using the			
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (/	AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Donna Horoschak Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Senior Vice	Zip Code 20004 President, Product Policy Year-to-Date ▼ 923.12	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Donna Horoschak 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 Other (specify)	State DC C Occupation Senior Vice	Zip Code 20004 President, Product Policy Year-to-Date ▼ 923.12	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) Joseph Imbimbo Mailing Address 474 Revere Beach Blvd Apt 1105 City Revere FEC ID number of contributing federal political committee. Name of Employer Tufts Health Plan Receipt For: Primary General Other (specify) ▼		Zip Code 02151-4726 logy Operations Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / 2016 Transaction ID: 93C7AA5A3B584735A610 Amount of Each Receipt this Period 250.00 Memo Item
s	UBTOTAL of Receipts This Page (optional)		• • • • • • • • • • • • • • • • • • •	480.78
Т	OTAL This Period (last page this line number o	nly)	·····	

FOR LINE NUMBER: PAGE 21 OF 36 Use separate schedule(s) (check only one)

ITEMIZED I	RECEIPTS		for each category of the Detailed Summary Page	X 11a
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
\	OMMITTEE (In Full) S Health Insurance Plar	ns PAC (AHIP PAC)	
A. Paul Kasu Mailing Addre City Milton FEC ID numb federal politic Name of Emp Tufts Health F Receipt For: Primary Other (s	per of contributing all committee. Dioyer Plan General specify)	State MA C Occupation Chief Medic Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Aryana Kh Mailing Addre City Washington FEC ID numb federal politic Name of Emp AHIP Receipt For: Primary	SS 601 Pennsylvania Avenue N.V Suite 500, South Building Der of contributing al committee.	State DC C Occupation Executive V	Zip Code 20004 fice President Year-to-Date ▼ 3269.10	Date of Receipt M
C. Aryana K Mailing Addre City Washington FEC ID number federal politic Name of Empany AHIP Receipt For: Primary	SS 601 Pennsylvania Avenue N.V Suite 500, South Building Der of contributing al committee.	State DC C Occupation Executive \	Zip Code 20004 /ice President Year-to-Date ▼	Date of Receipt 08 26 2016 Transaction ID: 2016082994222-23 Amount of Each Receipt this Period 192.30 Memo Item
SUBTOTAL of	Receipts This Page (optional)		·····	884.60
TOTAL This Pe	eriod (last page this line number	only)		

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

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than u	ts and Statements may not be sold or used by any using the name and address of any political commi	y person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance	e Plans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Denise Kress Mailing Address 70 Banks St City Winthrop FEC ID number of contributing federal political committee. Name of Employer Tufts Health Plan Receipt For: Primary General Other (specify)	State Zip Code MA 02152-1906 C Occupation Vice President, Senior Products Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Clare Krusing Mailing Address 601 Pennsylvania Aveo Suite 500, South Built City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M
Full Name (Last, First, Middle Initial) Clare Krusing Mailing Address 601 Pennsylvania Av Suite 500, South Buil City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt 08 26 2016 Transaction ID: 2016082994222-24 Amount of Each Receipt this Period 46.15 Memo Item
SUBTOTAL of Receipts This Page (opt	ional)	342.30
TOTAL This Period (last page this line	number only)	

FOR LINE NUMBER: PAGE 23 OF 36 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 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 2016 City Zip Code State Transaction ID: 2016082994142-25 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1307.64 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 80 26 2016 City State Zip Code Transaction ID: 2016082994222-25 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1307.64 Full Name (Last, First, Middle Initial) c. Umesh Kurpad Date of Receipt Mailing Address 32 Ridge Ave 2016 80 12 State Zip Code Transaction ID: B9407BEB92744410AD3B MA **Newton Center** 02459-2508 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer Occupation CFO Tufts Health Plan Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 653.84 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 24 OF 36 Use separate schedule(s) (check only one)

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Fu Americas Health Insu	,	AHIP PAC)	
Full Name (Last, First, Middle Courtney Lawrence Mailing Address 601 Pennsylva Suite 500, Sou City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plan Receipt For: Primary General Other (specify)	State DC C Occupation Vice Presid	Zip Code 20004 ent, Federal Affairs Year-to-Date ▼	Date of Receipt 08 12 2016 Transaction ID: 2016082994142-26 Amount of Each Receipt this Period 76.92 Memo Item
Full Name (Last, First, Middle Courtney Lawrence Mailing Address 601 Pennsylva Suite 500, Sou City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plan Receipt For: Primary General Other (specify)	ania Avenue N.W. uth Building State DC C Occupation Vice Presid Aggregate	Zip Code 20004 ent, Federal Affairs Year-to-Date ▼	Date of Receipt 08 26 2016 Transaction ID: 2016082994222-26 Amount of Each Receipt this Period 76.92 Memo Item
Full Name (Last, First, Middle Holly Macmoran Mailing Address 601 Pennsylva Suite 500, Sou City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Pla Receipt For: Primary General Other (specify)	ania Avenue N.W. uth Building State DC C Occupation Program M Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page	ge (optional)		173.07
TOTAL This Period (last page th	is line number only)		

FOR LINE NUMBER: PAGE 25 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	nd Statements may not be sold or used by any p the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance F	Plans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Avenue 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 Other (specify)	State Zip Code DC 20004 C Occupation Program Manager Aggregate Year-to-Date 326.91	Date of Receipt 08 26 2016 Transaction ID: 2016082994222-27 Amount of Each Receipt this Period 19.23 Memo Item
Full Name (Last, First, Middle Initial) Mary Mahoney Mailing Address 23 Curve St City Sherborn FEC ID number of contributing federal political committee. Name of Employer Tufts Health Plan Receipt For: Primary General Other (specify)	State Zip Code MA 01770-1052 C Occupation VP & Deputy General Counsel Aggregate Year-to-Date ▼ 500.00	Date of Receipt 08 12 2016 Transaction ID: 3ADDB7E621834B8692D1 Amount of Each Receipt this Period 500.00 Memo Item
Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Avenue 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 Director of Human Resources Aggregate Year-to-Date 313.82	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	537.69
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: PAGE 26 OF 36 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 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) Debi Manning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 26 City Zip Code State Transaction ID: 2016082994222-28 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 18.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Director of Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 313.82 Other (specify) Full Name (Last, First, Middle Initial) B. Kristine Martel Date of Receipt Mailing Address 14 Country Club Rd 80 15 2016 City State Zip Code Transaction ID: 7357A6B6E7E442478AE6 North Reading MA 01864-3110 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Tufts Health Plan Vice President Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Gretchen Medeiros Date of Receipt Mailing Address 135 Pleasant St 80 15 2016 Apt. 404 City State Zip Code Transaction ID: 306E90F98A5F4775B355 MA **Brookline** 02446-7187 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer Occupation Tufts Health Plan Vice President, Business Implementatio Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 518.46 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: (check only one) PAGE 27 OF 36 Use separate schedule(s)

Т	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ly information copied from such Reports and State for commercial purposes, other than using the r			
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (A	AHIP PAC)	
Δ.	Receipt For: Primary General Other (specify) ▼	State DC C Occupation Executive D	Zip Code 20004 Director Product Policy 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
3.	Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	State DC C Occupation Executive D	Zip Code 20004 iirector Product Policy Year-to-Date ▼ 313.82	Date of Receipt M
3.	Full Name (Last, First, Middle Initial) David Mezzanotte Mailing Address 6 Cowan Ln City Mansfield FEC ID number of contributing federal political committee. Name of Employer Tufts Associated Health Plans Receipt For: Primary General Other (specify)		Zip Code 02048-1700 Sales and Services Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		>	286.92
Т	OTAL This Period (last page this line number or	nly))	

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Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements mand a	ay not be sold or used by any ped ddress of any political committee	erson f	or the	purp ntrib	pos	se of s	oliciting	cor	ntributio	ons		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (AHIP PAC)											
Full Name (Last, First, Middle Initial) A. Julie Miller			[Date of Receipt									
Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington	State DC	Zip Code 20004				ion		016082 ceipt th	20 994 1				
FEC ID number of contributing federal political committee.	С			7		7		- 7		57.69)		
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		ociate Counsel Year-to-Date ▼ 980.73		Mer	mo I	lten	m						
Full Name (Last, First, Middle Initial) 3. Julie Miller Mailing Address, 204 Presentation Assess NAM				Date of	Re		<u> </u>						
Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington	State DC	Zip Code 20004				ion		0160829 ceipt th		16 222-32			
FEC ID number of contributing federal political committee.	С] [57.69)		
Name of Employer America's Health Insurance Plans	Occupation Senior Asso	ciate Counsel		Mei	mo I	lter	m						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 980.73											
Full Name (Last, First, Middle Initial) Martin Mitchell Jr.				Date of	Re	ece	eipt						
Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building		Zip Code	41	M M M	/	L	12	L	_20	16			
City Washington	State DC	20004						016082 ceipt th					
FEC ID number of contributing federal political committee.	C					7		-1	Ξ	19.23	3		
Name of Employer	Occupation	oduct Policy	 	Mer	mo I	ıter	m						
America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 326.91											
SUBTOTAL of Receipts This Page (optional)			.			7				134.61			
TOTAL This Period (last page this line number o	only)					_							

FOR LINE NUMBER: PAGE 29 OF 36 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 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) Martin Mitchell Jr. Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 26 City Zip Code State Transaction ID: 2016082994222-34 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation **Director Product Policy** America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) B. Jay Perron Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 12 2016 City State Zip Code Transaction ID: 2016082994142-35 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1307.64 Full Name (Last, First, Middle Initial) Jay Perron Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 08 26 2016 City State Zip Code Transaction ID: 2016082994222-35 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1307.64 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 30 OF 36 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 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) Debra Poskanzer Date of Receipt Mailing Address 145 Kent St 2016 City Zip Code State Transaction ID: B8C017C6EA934974B034 Brookline MA 02446-5401 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Tufts Health Plan Vice President, Medical Management and Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Roland Price Date of Receipt Mailing Address 34 Teele Ave 80 12 2016 City State Zip Code Transaction ID: 0C1AE779EF0D43518CE5 MA West Somerville 02144-1212 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Tufts Health Plan Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 08 12 2016 Suite 500, South Building City State Zip Code Transaction ID: 2016082994142-36 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President, Membership Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) 519.23 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 31 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
or for commercial purposes, other than usi	and Statements may not be sold or used by any peng the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance	Plans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania Aven	ue N.W.	Date of Receipt
Suite 500, South Buildin		08 26 2016 Transaction ID : 2016082994222-36
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	19.23
Name of Employer America's Health Insurance Plans	Occupation Vice President, Membership	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	326.91	
Full Name (Last, First, Middle Initial) 3. Lisa Shreve	<u> </u>	Date of Receipt
Mailing Address 601 Pennsylvania Aven Suite 500, South Buildir	ng	08 12 Y = Y = Y = Y
City Washington	State Zip Code DC 20004	Transaction ID : 2016082994142-38 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Professional Pr	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 653.82	
Full Name (Last, First, Middle Initial) C. Lisa Shreve	<u> </u>	Date of Receipt
Mailing Address 601 Pennsylvania Aven Suite 500, South Buildir	ng	08 26 2016
City Washington	State Zip Code DC 20004	Transaction ID : 2016082994222-38 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	Memo Item
America's Health Insurance Plans	Senior Vice President, Professional Pr	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	653.82	
SUBTOTAL of Receipts This Page (option	nal)	96.15
TOTAL This Period (last page this line nu	mber only)	

FOR LINE NUMBER: PAGE 32 OF 36 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 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) Deborah Stevens Date of Receipt Mailing Address 8 Cricket Ln 2016 City Zip Code State Transaction ID: A280CD980AA64B53AD40 Littleton MA 01460-1109 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Tufts Health Plan Information Security Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kristin Stewart Smoot Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 12 2016 City State Zip Code Transaction ID: 2016082994142-39 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation **AHIP** Manager, Special Projects Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 326,91 Full Name (Last, First, Middle Initial) c. Kristin Stewart Smoot Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 08 26 2016 City State Zip Code Transaction ID: 2016082994222-39 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation AHIP Manager, Special Projects Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) 288.46 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 33 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Miriam Sullivan Mailing Address 241 Cedar Ave			Date of Receipt
City Arlington FEC ID number of contributing	State MA	Zip Code 02476-7335	08 16 2016 Transaction ID : 12B7116B63AF48859DF6 Amount of Each Receipt this Period
federal political committee. Name of Employer Tufts Health Plan Receipt For: Primary General Other (specify)	T -	Health & Pharmacy Services Year-to-Date ▼ 250.00	Memo Item
Full Name (Last, First, Middle Initial) Marilyn Tavenner Mailing Address 601 Pennsylvania Avenue N	1.W.		Date of Receipt
Suite 500, South Building City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	08 12 2016 Transaction ID : 2016082994142-40 Amount of Each Receipt this Period 192.30
Name of Employer Americas Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation President 8 Aggregate		Memo Item
Full Name (Last, First, Middle Initial) Marilyn Tavenner Mailing Address 601 Pennsylvania Avenue N	1 W		Date of Receipt
Suite 500, South Building City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	08 26 2016 Transaction ID : 2016082994222-40 Amount of Each Receipt this Period 192.30
Name of Employer Americas Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation President 8 Aggregate		Memo Item
SUBTOTAL of Receipts This Page (optional)			634.60
TOTAL This Period (last page this line number	er only)	·····	

FOR LINE NUMBER: PAGE 34 OF 36 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 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) Patricia Trebino Date of Receipt Mailing Address 142 Manning St 2016 City Zip Code State Transaction ID: 68CB221438CF420C8984 Needham MA 02494-1541 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation SVP of Operations, CIO Tufts Health Plan Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 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 80 12 2016 City State Zip Code Transaction ID: 2016082994142-42 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1307.64 Full Name (Last, First, Middle Initial) c. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 08 26 2016 City State Zip Code Transaction ID: 2016082994222-42 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 1307.64 Other (specify) 653.84 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 35 OF 36 Use separate schedule(s) (check only one)

ITE	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Todd Whitecross Mailing Address 28 Grist Mill Ln City Walpole FEC ID number of contributing federal political committee. Name of Employer Tufts Health Plan Receipt For: Primary General Other (specify)	State Zip Code MA 02081-3778 C Occupation Vice President of Network Contracting, Aggregate Year-to-Date ▼ 250.00	Date of Receipt 08 15 2016 Transaction ID: 22B7BF316E8347D4A870 Amount of Each Receipt this Period 250.00 Memo Item
В.	Americale Health Incurence Diene	State Zip Code DC 20004 C Occupation Digital Media Coordinator Aggregate Year-to-Date ▼ 326.91	Date of Receipt 08 12 2016 Transaction ID: 2016082994142-43 Amount of Each Receipt this Period 19.23 Memo Item
C.	. ,	State Zip Code DC 20004 C Occupation Digital Media Coordinator Aggregate Year-to-Date ▼ 326.91	Date of Receipt 08 26 2016 Transaction ID: 2016082994222-43 Amount of Each Receipt this Period 19.23 Memo Item
SI	UBTOTAL of Receipts This Page (optional)		288.46
т	OTAL This Period (last page this line number or	nly)	14754.50

SCHEDULE B (FEC Form 3X)	FOR LINE NUMBER: PAGE 36 OF		NUMBER: PAGE 36 OF 36
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 x 23 24 25 26 28a 28b 28c 29 30b
Any information popied from such Departs and Co.	nonto mou set les estat es		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans F	PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial)			
A. Hoeven for Senate			Date of Disbursement
Mailing Address PO Box 861			08 15 2016
	State Zip Code		Transaction ID: 439AC8E8F1BC98FE834
	ND 58502		
Purpose of Disbursement 2016 General		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
John Henry Hoeven III Office Sought: House Disbursen	nent For: 2016	Туре	
x Senate	Primary General Other (specify)		Memo Item
State: ND District:			
Full Name (Last, First, Middle Initial) 3. People for Ben			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 31129			08 09 2016
Santa Fe	State Zip Code NM 87594		Transaction ID: 888DFECF5CD130CC46D
Purpose of Disbursement Voided 6/24/2016		011	Amount of Each Disbursement this Period
Candidate Name		Category/	3500.00
Ben Ray Lujan		Туре	-2500.00
Senate	nent For: 2016 Primary		Memo Item
State: NM District: 03			
Full Name (Last, First, Middle Initial)			
C. People for Ben			Date of Disbursement
Mailing Address PO Box 31129			08 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		
•	NM 87594		Transaction ID: 2D6B870909F51C15F4A
Purpose of Disbursement 2016 General	2.00	011	Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Each dispulsement this Period
Ben Ray Lujan		Type	2500.00
Office Sought: House Disbursem	nent For: 2016 Primary		Memo Item
	Other (specify) ▼		
State: NM District: 03			
CURTOTAL of Dishurance of This Days (as in the			1000.00
SUBTOTAL of Disbursements This Page (optional)		······	1000.00
TOTAL This Period (last page this line number only)			1000.00